

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-5325
53 3501

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 3501

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARGARET M. BENSINGER			2. DATE OF DEATH APRIL-8-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland 708 CARROLL ST			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE _____ B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION -			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE MD		
c. Length of stay in Baltimore -			D. STREET ADDRESS (If rural, give location) 708 CARROLL ST. 71-01		
5. SEX FEM.	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 2nd-1907	9. AGE (In years, last birthday) 45	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE			11. BIRTHPLACE (State or foreign country) BALTIMORE MD		
13. FATHER'S NAME FRED RICKS			12. CITIZEN OF WHAT COUNTRY? U.S.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			14. MOTHER'S MAIDEN NAME NOT KNOWN.		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS HEROY BENSINGER-708 CARROLL ST		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH Immediate
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic cardio vascular disease	(B) DUE TO	3/26/46
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C) DUE TO	

19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION -		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3/26/46 , 19__, to 4/8/53 , that I last saw the deceased alive on 4/8/53 , 19__ and that death occurred at 10.30m. , from the causes and on the date stated above.					
23A. SIGNATURE Harry Leslie		23B. ADDRESS A.M. 1226 Hanover Street,		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 4-10-53	24C. NAME OF CEMETERY OR CREMATORY HOLY CROSS CEM.	24D. LOCATION (City, town, or county) (State) A.A.Co.		
DATE RECEIVED BY LOCAL REGISTRAR APR 8-1953	REGISTRAR'S SIGNATURE Huntington Williams, MD	25. FUNERAL DIRECTOR Frederick C. Harle		ADDRESS 131 E West St	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LAWRENCE CORNICK

2. DATE OF DEATH April 8, 1953

3. PLACE OF DEATH:
a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
a. STATE Maryland b. COUNTY

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Johns Hopkins Hospital

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 8-06

d. STREET ADDRESS (If rural, give location)
1732 E. Oliver Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX
Male

6. COLOR OR RACE
Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH
4-13-22

9. AGE (In years, last birthday) 30
If Under 1 Year Months Days If Under 24 Hours Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MACHINE OPERATOR LEVER. BRAS

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
BALTO. MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

CHARLES CORNICK

14. MOTHER'S MAIDEN NAME

EDNA SHARPE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
BURLAH CORNICK 1228 N. CAROLINE ST.

18. E975X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Drowning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
harbor

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
1700 Thames St.-Recreation Pier

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY
April 7, 1953 (found)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?
Jumped into harbor

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐ suicide ☒ homicide ☐ undetermined ☐ Autopsy, Inspection or Inquiry

23a. SIGNATURE

R. F. Fisher

23b. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23c. DATE SIGNED
April 8, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

N990X

6904R

Joseph G. Rock Jr. 1304 S. Baltimore

SECRET

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 03-03-00 BY 6032

EXEMPT FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3503

654
3 3503

1. NAME OF DECEASED (Type or Print) EDWARD J. GREENHOLTZ			2. DATE OF DEATH 4/9/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Carroll		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) 423 C. Main St. Westminster		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 423 C. Main St. 5641		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 8/9/77		9. AGE (in years last birthday) 75
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired guard at Md Pen.		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Samuel Greenholtz			14. MOTHER'S MAIDEN NAME Emma Rigle		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Lillie Greenholtz Westminster Md		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) DUE TO		
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/8/53 , 19__, to 4/9/53 , 19__, that I last saw the deceased alive on 4/9/53 , 19__, and that death occurred at 6:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE W. H. Bankard			23B. ADDRESS Westminster Md		23C. DATE SIGNED 4/9/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 12-53	24C. NAME OF CEMETERY OR CREMATORY Knights Cem.		24D. LOCATION (City, town, or county) (State) Carroll Co
DATE RECEIVED BY LOCAL REGISTRAR APR 8-1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS H. Bankard, Son Westminster Md	

CERTIFICATE OF DEATH

NAME OF DECEASED: [illegible]

DATE OF DEATH: [illegible]

PLACE OF DEATH: [illegible]

CAUSE OF DEATH: [illegible]

MANNER OF DEATH: [illegible]

AGE: [illegible]

SEX: [illegible]

RACE: [illegible]

EDUCATION: [illegible]

OCCUPATION: [illegible]

RELIGION: [illegible]

DATE OF BIRTH: [illegible]

PLACE OF BIRTH: [illegible]

DATE OF ENTRY: [illegible]

PLACE OF ENTRY: [illegible]

DATE OF DEPARTURE: [illegible]

PLACE OF DEPARTURE: [illegible]

DATE OF RETURN: [illegible]

PLACE OF RETURN: [illegible]

DATE OF ARRIVAL: [illegible]

PLACE OF ARRIVAL: [illegible]

DATE OF DEPARTURE: [illegible]

PLACE OF DEPARTURE: [illegible]

DATE OF RETURN: [illegible]

PLACE OF RETURN: [illegible]

DATE OF ARRIVAL: [illegible]

PLACE OF ARRIVAL: [illegible]

DATE OF DEPARTURE: [illegible]

PLACE OF DEPARTURE: [illegible]

DATE OF RETURN: [illegible]

PLACE OF RETURN: [illegible]

DATE OF ARRIVAL: [illegible]

PLACE OF ARRIVAL: [illegible]

DATE OF DEPARTURE: [illegible]

PLACE OF DEPARTURE: [illegible]

DATE OF RETURN: [illegible]

PLACE OF RETURN: [illegible]

DATE OF ARRIVAL: [illegible]

PLACE OF ARRIVAL: [illegible]

DATE OF DEPARTURE: [illegible]

PLACE OF DEPARTURE: [illegible]

DATE OF RETURN: [illegible]

PLACE OF RETURN: [illegible]

DATE OF ARRIVAL: [illegible]

PLACE OF ARRIVAL: [illegible]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3504

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Forrester, Robert

2. DATE
OF
DEATH April 6, 19533. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
1619 Milliman Street

C. Length of stay in Baltimore 17 years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

2-16-1908

9. AGE (In years
last birthday)

45

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Contract work

10B. KIND OF BUSINESS OR
INDUSTRY

Carter Co.

11. BIRTHPLACE (State or foreign country)
Maryland12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

L. A. Borden

14. MOTHER'S MAIDEN NAME

Amanda Simms

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

217-07-2735

17. INFORMANT

Irene Lockett 1619 Milliman St.

ADDRESS

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive cardiovascular disease

and

(C) Chronic Glomerulonephritis

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 28, 1953 to April 6, 1953 that I last saw the
deceased alive on April 6, 1953 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

E. P. Coffey Jr.

M. D.

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

April 6, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-10-1953

24C. NAME OF CEMETERY OR CREMATORY

Community Cemetery

24D. LOCATION (City, town, or county)

Soppa, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Rudolph J. Collick 1412 E. Preston St.

APR 8-1953

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3505
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thelma Baker

2. DATE
OF
DEATH

April 8, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

Prince George

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Hyattsville

D. STREET ADDRESS (If rural, give location)

6004 44th St.

6636

c. Length of stay in Baltimore

22

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1-18-14

9. AGE (In years
last birthday)

39

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Domestic

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 172X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Leukemia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Bilateral Uterine Obstruction?

DUE TO

Carcinoma Endometrium?

(C)

C. metastasis

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

N/A

19B. MAJOR FINDINGS OF OPERATION

N/A

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-16, 1953, to 4-8, 1953, that I last saw the
deceased alive on 4-8, 1953, and that death occurred at 4:02 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Albert S. Brown

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

4-9-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

April 9/53

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Hyattsville Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Erich Sons Hyattsville Md

VS 150

7208A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

[Faint, illegible text and markings on a lined form, likely a death certificate. The text is mirrored and difficult to decipher.]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Registered No. 53 3506

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
ELSIE		April 6, 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
b. FULL NAME OF HOSPITAL OR INSTITUTION 1317 Upton Street		B. COUNTY Baltimore	
c. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
5. SEX Female		D. STREET ADDRESS (If rural, give location) 1317 Upton Street	
6. COLOR OR RACE Colored		E. DATE OF BIRTH Feb. 14, 1890	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		9. AGE (In years last birthday) 63	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Virginia	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U. S. ▲	
13. FATHER'S NAME Matters Fleming		14. MOTHER'S MAIDEN NAME Sarah Brown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. James Logan		ADDRESS 1317 Upton St.	
18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Arteriosclerotic Heart Disease DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE R. B. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	
23C. DATE SIGNED 4-6-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-12-53	
24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
25. FUNERAL DIRECTOR Huntington Williams, Jr.		ADDRESS 578 W. ...	
LOCAL REGISTRAR APR 8 - 1953			
VS 151			

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3507

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gladston Frederick PATTEN

2. DATE
OF
DEATH

4/7. 53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Catonville

D. STREET ADDRESS (If rural, give location)

117 N. Beechwood Ave

c. Length of stay in Baltimore

9

Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Nov. 13, 1891

9. AGE (In years last birthday)

61

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Superintendent

10B. KIND OF BUSINESS OR INDUSTRY

Railroad B. & O.

13. FATHER'S NAME

James Patten (D)

14. MOTHER'S MAIDEN NAME

Mary Luhn (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no answer

16. SOCIAL SECURITY NO.

2

17. INFORMANT

ADDRESS

Mr. David H. Patten 117 N. Beechwood Ave.

18. 420.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) Coronary occlusion

(C) Atherosclerotic heart disease

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from March 29, 1953 to April 7, 1953 that I last saw the deceased alive on 4. 7. 1953, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Harold S. Green, Jr.

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

4. 7. 53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

April 10, 1953

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Frederick Ave. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell Sons Inc. 1900 Eutan Place

1937

25

RECEIVED

OFFICE OF THE

1937

TO THE HONORABLE CHIEF OF BUREAU

FROM THE HONORABLE CHIEF OF BUREAU

RE: [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 3508**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Clarence W. Moore

2. DATE
OF
DEATH

April 8th., 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MarylandB. COUNTY
CityB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 1804 Hope StreetC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore

50 Yrs. Yrs.
Mos. DaysD. STREET ADDRESS (If rural, give location)
1804 Hope Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Jan. 8th., 1877

9. AGE (In years
last birthday)

76

10 Under 1 Year
Months Days

3 C

11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Carpenter (Retired)

10B. KIND OF BUSINESS OR
INDUSTRY

Repairs

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.
219-01-6463

17. INFORMANT

ADDRESS

Mrs. Marie K. Moore-1804 Hope Street

18. 144X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Carcinoma of Buccal Cavity

1 1/2 years

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/10, 1952, to 4/8, 1953, that I last saw the
deceased alive on 4/8, 1953, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Sue Smith

M. D.

23B. ADDRESS

1223 E. North Ave

23C. DATE SIGNED

4/8/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

4-11-1953

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

24D. LOCATION (City, town, or county)

Balto: Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

George J. Ruth, Inc. -1735 Harford Avenue

ADDRESS

100

UNITED STATES DEPARTMENT OF JUSTICE

100

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D. C. 20530

MEMORANDUM FOR THE ATTORNEY GENERAL

DATE: 10/10/68

TO: THE ATTORNEY GENERAL

FROM: [illegible]

SUBJECT: [illegible]

RE: [illegible]

1. [illegible]

2. [illegible]

3. [illegible]

4. [illegible]

5. [illegible]

6. [illegible]

7. [illegible]

8. [illegible]

9. [illegible]

10. [illegible]

11. [illegible]

12. [illegible]

13. [illegible]

14. [illegible]

100

UNITED STATES DEPARTMENT OF JUSTICE

WASHINGTON, D. C. 20530

OFFICE OF THE ATTORNEY GENERAL

DATE: 10/10/68

TO: THE ATTORNEY GENERAL

FROM: [illegible]

SUBJECT: [illegible]

RE: [illegible]

1. [illegible]

2. [illegible]

3. [illegible]

4. [illegible]

5. [illegible]

6. [illegible]

9-616
53 3509BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3509

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Albert A. CARPER

2. DATE
OF
DEATH

4-8-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

7-10-1869

9. AGE (In years
last birthday)

89

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

INVENTOR

10B. KIND OF BUSINESS OR
INDUSTRY

MECHANICAL ENG.

13. FATHER'S NAME

MAZARIN CARPER

14. MOTHER'S MAIDEN NAME

NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Louis S. Carper, 141 Newburg Ave.

18. 470.1 and 153X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) acute myocardial infarction
DUE TO A.S.C.V.D.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Cong. Ht. Failure
DUE TO A.S.C.V.D.
(C) Malig. - large intestineINTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-4, 1953, to 4-8, 1953, that I last saw the
deceased alive on 4-5, 1953, and that death occurred at 5:30 AM., from the causes and on the date stated above.

23A. SIGNATURE

George S. Fisher

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

4-8-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

4-10-53

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cem.

24D. LOCATION (City, town, or county)

Balt.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

George S. Fisher, Catonsville, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3510
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Florida E. Hoffstetter (HOFSTETTER)

2. DATE
OF
DEATH

4/8/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD.

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Catoxville Md

D. STREET ADDRESS (If rural, give location)

116 S. Symington Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

JULY 15, 1902

9. AGE (In years last birthday)

50

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEKEEPER

10B. KIND OF BUSINESS OR INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Reus

14. MOTHER'S MAIDEN NAME

Florida Strackfus

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Louis E. Hoffstetter - 116 S. Symington Ave

18. *443X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Myocardial Infarction*
DUE TO *Cardio. Vascular Disease*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *March*, 195*2*, to *April 8*, 195*3*, that I last saw the deceased alive on *April 7*, 195*3* and that death occurred at *4:35* p.m., from the causes and on the date stated above.

23A. SIGNATURE

Katharine R. King

23B. ADDRESS

1300 Wildwood Rd

23C. DATE SIGNED

4/8/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4-11-53

24C. NAME OF CEMETERY OR CREMATORY

Swind Ridge Cem.

24D. LOCATION (City, town, or county)

Catoxville Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

George A. Foley - Catoxville, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3210 25

CERTIFICATE OF DEATH

Name of Deceased		Date of Birth	
Sex		Race	
Marital Status		Occupation	
Cause of Death		Place of Death	
Date of Death		Time of Death	
Signature of Physician		Signature of Registrar	
Signature of Coroner		Signature of Medical Examiner	
Signature of Funeral Home		Signature of Burial Place	
Signature of Family		Signature of Friends	
Signature of Church		Signature of Community	
Signature of Government		Signature of State	
Signature of Nation		Signature of World	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3511
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EUGENE STANHOPE BATES

2. DATE
OF
DEATH

APR. 8, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

BALTIMORE CITY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION
UNION MEMORIAL HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write R.R. and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

624 N. MONROE ST.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 10, 1976

9. AGE (In years

last birthday)

77

11 Under 1 Year

Months: Days

12 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Telegrapher

10B. KIND OF BUSINESS OR INDUSTRY

Western Union

13. FATHER'S NAME

DAVID S. BATES

14. MOTHER'S MAIDEN NAME

MYRA MITCHELL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

212-03-0192

17. INFORMANT

ELMA BATES (Wife) SAME

18. 592X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Atherosclerosis, generalized

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-6, 1953 to 4-8, 1953 that I last saw the deceased alive on 4-8, 1953 and that death occurred at 3:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Haverly S. Green, Jr.

M. D.

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

4-8-53

24A. BURIAL, CREMATION,
REMOVAL (Specify)

24B. DATE

Apr. 11 / 53

24C. NAME OF CEMETERY OR CREMATORY

Landon Pl.

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Henry H. Hinkle

ADDRESS

4101 Cambridge

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

DATE

TIME

PLACE

CAUSE

MANNER

SEX

AGE

RACE

EDUCATION

OCCUPATION

RELIGION

ETHNICITY

DIAGNOSIS

TREATMENT

PROGNOSIS

COMMENTS

SIGNATURE

DATE

TIME

PLACE

CAUSE

MANNER

SEX

AGE

RACE

EDUCATION

OCCUPATION

RELIGION

ETHNICITY

DIAGNOSIS

TREATMENT

PROGNOSIS

COMMENTS

SIGNATURE

DATE

TIME

PLACE

CAUSE

MANNER

SEX

AGE

RACE

EDUCATION

OCCUPATION

RELIGION

ETHNICITY

DIAGNOSIS

TREATMENT

PROGNOSIS

COMMENTS

SIGNATURE

DATE

TIME

PLACE

CAUSE

MANNER

SEX

AGE

RACE

EDUCATION

OCCUPATION

RELIGION

ETHNICITY

DIAGNOSIS

TREATMENT

PROGNOSIS

COMMENTS

SIGNATURE

DATE

TIME

PLACE

CAUSE

MANNER

SEX

AGE

RACE

EDUCATION

OCCUPATION

RELIGION

ETHNICITY

DIAGNOSIS

TREATMENT

PROGNOSIS

COMMENTS

SIGNATURE

DATE

TIME

PLACE

53 3512

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3512
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Abraham G. Rice

2. DATE
OF
DEATH

April 8, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Riviera Apt.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Riviera Apt.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore, Md. 13-01

D. STREET ADDRESS (If rural, give location)

Linden Ave. & Lake Drive

c. Length of stay in Baltimore

40

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Nov. 9, 1883

9. AGE (in years
last birthday)

69 yrs.

10. Under 1 Year
Months: Days

5 10

11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

insurance agent

10B. KIND OF BUSINESS OR
INDUSTRY

insurance

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Gustav Rice

14. MOTHER'S MAIDEN NAME

Pauline Rhonheim

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Estella Rice Riviera Apt.

18. 203X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Multiple Myeloma
DUE TO

2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arterio-sclerotic Heart Disease - 5 yrs.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1939, to April 8, 1953, that I last saw the
deceased alive on April 7, 1953, and that death occurred at 5:48 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Paul D. Chambers

M. D.

23B. ADDRESS

4108 Liberty St. a.

23C. DATE SIGNED

4/8/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

Apr. 10, 1953

24C. NAME OF CEMETERY OR CREMATORY

Balto. Hebrew Cemetery

24D. LOCATION (City, town, or county)

Belair Rd.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

David R. Martin, 1902 Eutaw Place

APR 8 1953

VS 150

45073

David R. Martin

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 3513

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3513

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LUCY

LEE

2. DATE
OF
DEATH

April 6, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

23-01

D. STREET ADDRESS (If rural, give location)

229 W. Hamburg Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Unmarried

8. DATE OF BIRTH

11-19-1900

9. AGE (In years
last birthday)

83-

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Housework

11. BIRTHPLACE (State or foreign country)

Calvert Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Eliot Gross

14. MOTHER'S MAIDEN NAME

Rachel White

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Leuris Gross. 5717-46 Highland

18. 002X and 322.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary tuberculosis

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Chronic alcoholism

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. J. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

April 7, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-12-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

APR 10 1953

REGISTRAR'S SIGNATURE

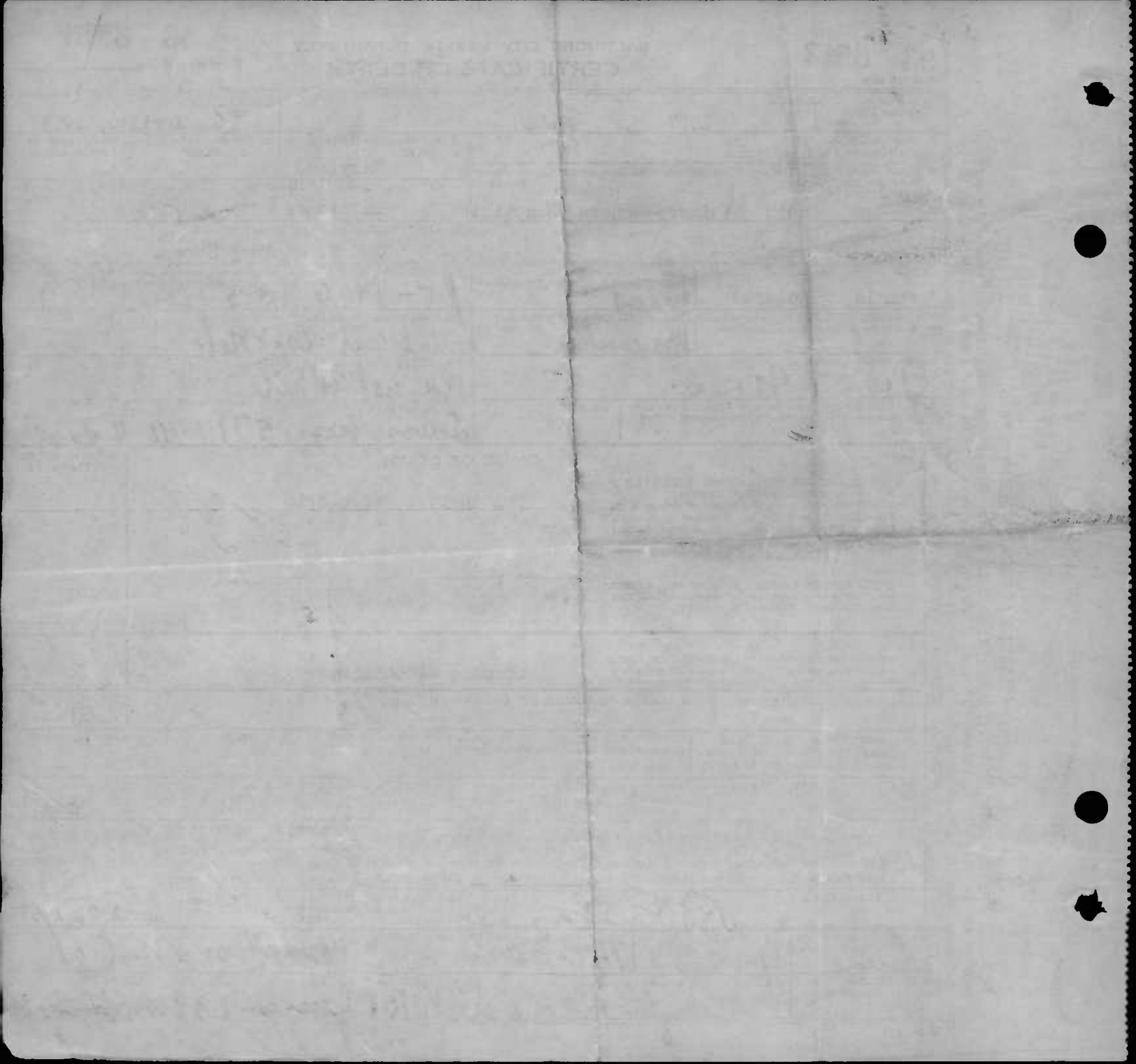
Huntington Williams, Jr.

25. FUNERAL DIRECTOR

W. B. Spriggs - 139 W. Maryland St.

ADDRESS

VS 151



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-524
53 3514
CCG-168944BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3514
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES H. F. HINKELMAN

2. DATE OF DEATH
April 8, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTYB. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Baltimore City Hospitals
4940 Eastern, Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 2-03

C. Length of stay in Baltimore

Life

Yrs.
Mos.
DaysD. STREET ADDRESS (If rural, give location)
901 Fell, St.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widow

8. DATE OF BIRTH

Mar. 1, 1876

9. AGE (In years last birthday)

77

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Railroad Worker

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

?

Hinkelman

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes

?

16. SOCIAL SECURITY NO.

17. INFORMANT Baltimore City Hospitals
Records. 4940 Eastern, Ave.,

18. 610X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Insufficiency due to

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary Arteriosclerosis

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

4-6-1953

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

Perineal Prostatectomy for benign prostatic hypertrophy

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21a. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-23, 1953 to 4-8, 1953, that I last saw the deceased alive on 4-8, 1953, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Hinkelman

M. D.

23B. ADDRESS

4940 Eastern, Ave. Balto. Md.

23C. DATE SIGNED

4-8-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

4-10-53

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER CEM.

24D. LOCATION (City, town, or county)

4430 BELAIR RD. BALTO. MD.

DATE RECEIVED BY LOCAL REGISTRAR

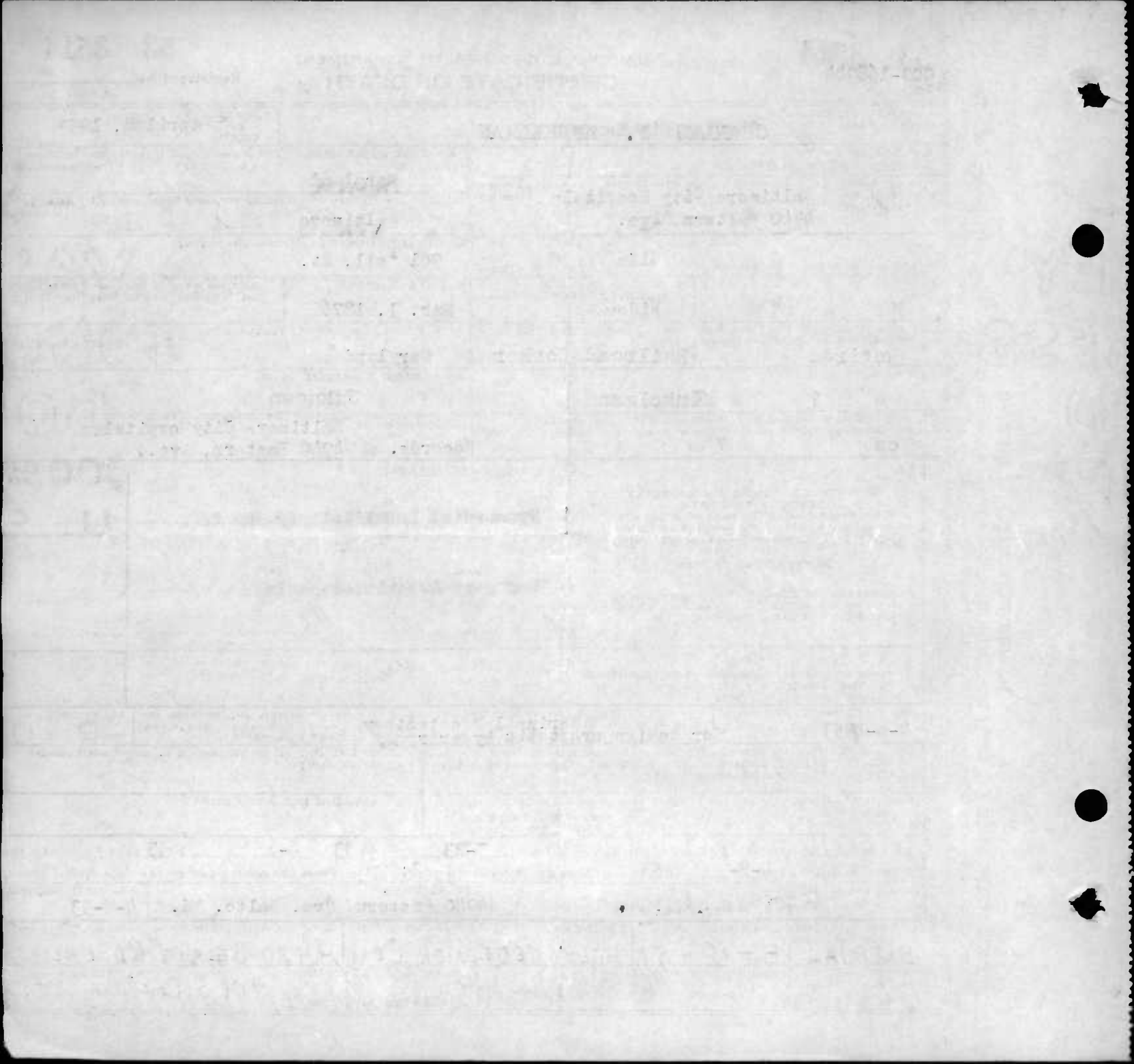
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Charles S. Geiler 901 S. Conkling St.

VS 150



MAR/168841

53 3515

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 3515

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALICE M. BOAN

2. DATE

OF DEATH April 8, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

730 South Ponca St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 18, 1906

9. AGE (In years last birthday)

47

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Work

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Walter Poner (dec.)

14. MOTHER'S MAIDEN NAME

Mary Buskevitz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

220-24-2161

17. INFORMANT

ADDRESS

P. C. H. 4940 Eastern Ave. (records)

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Kimmelstall Wilson Disease

DUE TO

2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis, Diabetes

DUE TO

Terminal Uremia

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-20, 1953, to 4-8, 1953, that I last saw the deceased alive on 4-8, 1953, and that death occurred at 2:30A m., from the causes and on the date stated above.

23A. SIGNATURE

H. C. Johnson

M. D.

23B. ADDRESS

4940 Eastern Ave., Balto., Md.

23C. DATE SIGNED

4-8-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4-11-53

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart Cemetery 7401 German Hill Rd., Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

901 S. Conkling St.

ADDRESS

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

1901

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62-0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-167732

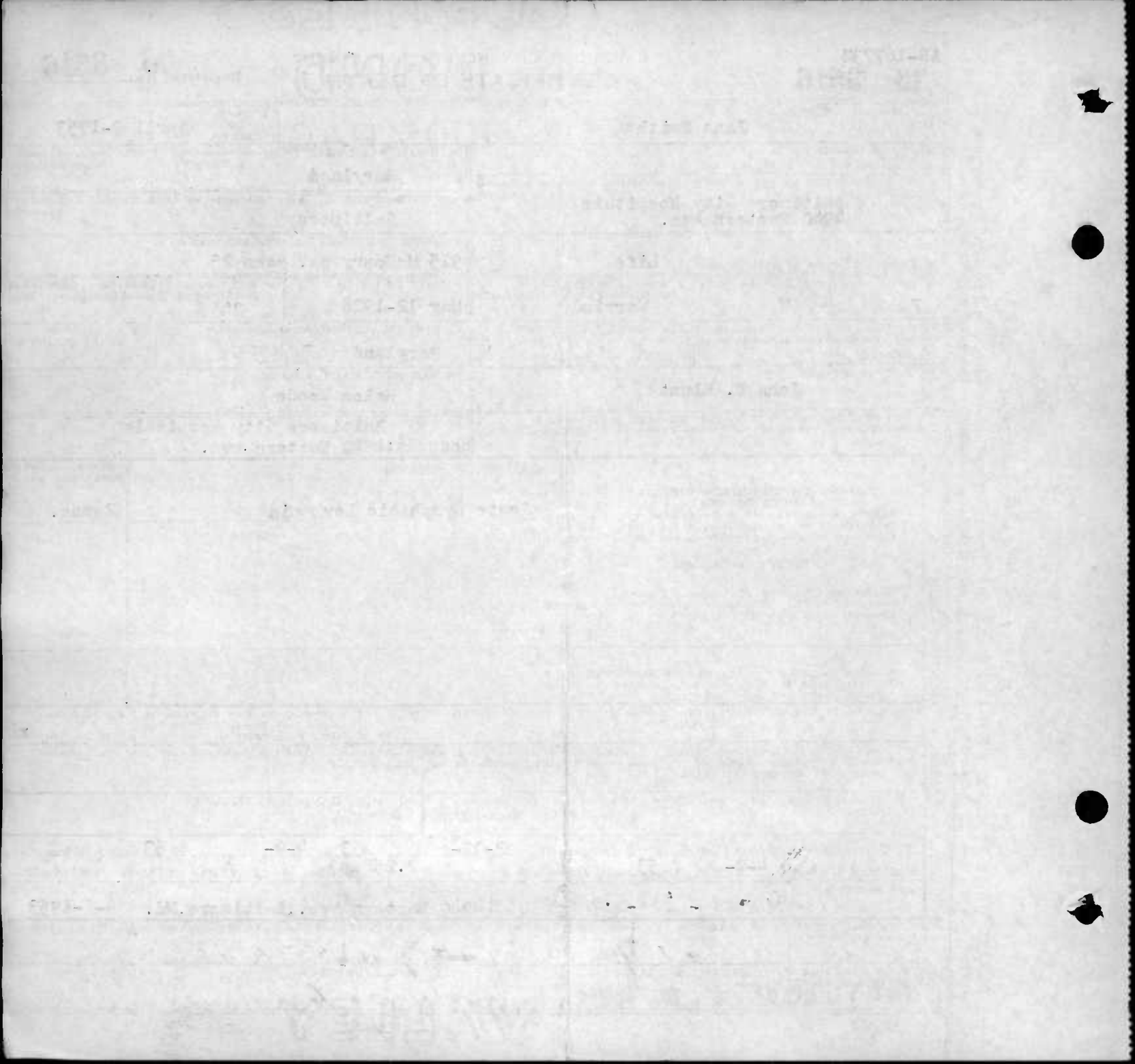
53 3516

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3516

1. NAME OF DECEASED (Type or Print) Jane Smith			2. DATE OF DEATH April 9-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 21-02		
31 c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 915 McHenry St. zone 23		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 12-1928		9. AGE (In years last birthday) 24
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife			10B. KIND OF BUSINESS OR INDUSTRY at Home		11. BIRTHPLACE (State or foreign country) Maryland Baltimore
13. FATHER'S NAME John E. Blunt			12. CITIZEN OF WHAT COUNTRY? U.S.A		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -			16. SOCIAL SECURITY NO. -		
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.			14. MOTHER'S MAIDEN NAME Helen Woods		
18. 204.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Lymphatic Leukemia DUE TO INTERVAL BETWEEN ONSET AND DEATH 2 1/2 mos.					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-12- , 19 53 , to 4-9- , 19 53 that I last saw the deceased alive on 4-9- , 19 53 , and that death occurred at 2.25P m., from the causes and on the date stated above.					
23A. SIGNATURE <i>H. J. ...</i>		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 4-9-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/13/53		24C. NAME OF CEMETERY OR CREMATORY New Balto. Natl. Cem.	
24D. LOCATION (City, town, or county) (State) 5501 Breckinridge Ave		25. FUNERAL DIRECTOR John J. ...			
DATE RECEIVED BY LOCAL REGISTRAR APR 10 1953		REGISTRAR'S SIGNATURE <i>...</i>			
VS 150					



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3517
Registered No. _____

53 3517
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Frederick J Meynenn			2. DATE OF DEATH April 8 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE _____ B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore Gen Hospital			C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township)		
c. Length of stay in Baltimore life Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 1704 Webster		
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec 1888	9. AGE (In years, last birthday) 64	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plant Guard		10B. KIND OF BUSINESS OR INDUSTRY Sugar Refinery	11. BIRTHPLACE (State or foreign country) New Jersey		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME Gerhard Meynenn			14. MOTHER'S MAIDEN NAME Bertha Saunders		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. 212-09-5948	17. INFORMANT ADDRESS Mrs Lillian Meynenn 1704 Webster St		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion (A) _____ DUE TO _____ Coronary Sclerosis (B) _____ DUE TO _____ Arteriosclerosis (C) _____			INTERVAL BETWEEN ONSET AND DEATH hours 2 1/2 yrs 2
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1949 , 19____, to April 8 , 19 53 that I last saw the deceased alive on 4/7 , 19 53 and that death occurred at 5 A. M. , from the causes and on the date stated above.			
23A. SIGNATURE Walter Lohm	M. D.	23B. ADDRESS 102 E. FORT AVE	23C. DATE SIGNED 4/8/53
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE APR 11, 1953	24C. NAME OF CEMETERY OR CREMATORY PARKWOOD CEMETERY	24D. LOCATION (City, town, or county) (State) PARKVILLE MD
DATE RECEIVED BY LOCAL REGISTRAR APR 10 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS ULLRICH FUNERAL HOME 2008 ORLEANS	

VS 150

76347

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

1001

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

53 3518

CERTIFICATE OF DEATH

Reg. Dist. No. 53 3518

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY		MARYLAND		STATE		COUNTY	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		CITY	
TOWN		4 Months		TOWN		TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		2702 Beechland Ave		STREET ADDRESS		(If rural give location)	
NAME OF DECEASED: (Type or Print)		(First) (Middle) (Last)		DATE OF DEATH:		(Month) (Day) (Year)	
Edna		Viola		Lehr.		April 10 1953	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR IF UNDER 24 HRS.		
F	W	M.	May 1, 1896	56	yr.	Months	Days
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired:				10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):	
House Wife				House Wife		U.S.A.	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
Harry Trostle				Annie Shanabrook			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)				16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:	
(If Yes, give war or dates of service)						Harvey E. Lehman Waynesboro Pa	
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause				(a) Cancer breast			
Antecedent causes (s)				(b) DUE TO			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.				DUE TO			
(c)							
II. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
None							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
0							
21. ACCIDENT SUICIDE HOMICIDE (Specify)				PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY				INJURY OCCURRED While at Work Not While At Work		HOW DID INJURY OCCUR?	
m.							
22. I hereby certify that I attended the deceased from Dec. 13, 1952 to Apr. 9, 1953 that I last saw the deceased alive on Apr. 9, 1953, and that death occurred at Apr. 10, 1953, from the causes and on the date stated above.							
SIGNATURE				(Degree or title)		DATE SIGNED	
Joseph D. B. King MD				1210 Entaur Place Balt. 7, Md.		4/10/53	
23. BURIAL, CREMATION, REMOVAL (Specify)				DATE THEREOF		NAME OF CEMETERY OR CREMATORY	
Burial				4/13/53		Green Hill	
DATE REC'D BY LOCAL REGISTRAR				REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR	
APR 10 1953				Huntington Williams, Jr.		ADDRESS	
						Waynesboro Pa.	

Interval Between Onset And Death

15 yrs.

20. AUTOPSY?

Yes ☐ No ☒

872

872

RECEIVED

RECEIVED

RECEIVED



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3519

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN GAINES CAMPBELL

2. DATE
OF
DEATH

April 8, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Kenesaw Nursing Home
2601 Roslyn Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3411 Piedmont Ave.

60
c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

Sept. 14, 1875

9. AGE (In years last birthday)

77

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

salesman (rtd)

10B. KIND OF BUSINESS OR INDUSTRY
Roofing Supplies

11. BIRTHPLACE (State or foreign country)

Illinois

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Gaines Campbell

14. MOTHER'S MAIDEN NAME

Alice Beman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Mr. Hugh North - 3411 Piedmont Ave.

18. 350X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Parkinsonian Syndrome
with krenia
Senility

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1948 to April 8, 1953 that I last saw the deceased alive on Apr 8, 1953 and that death occurred at 5:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24B. DATE

4/10/53

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Crematory

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 10 1953 Huntington Williams, M.D.

Wm. J. Pickner & Sons

VS 150

Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100

THE UNITED STATES DEPARTMENT OF THE INTERIOR

100

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UNITED STATES OF AMERICA

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

7-260
53 3520

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3520

Registered No. _____

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) NORMAN ALBERT TUCKER		2. DATE OF DEATH April 9, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____
B. FULL NAME OF HOSPITAL OR INSTITUTION 2006 N. Charles St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 2006 N. Charles St.
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Mar. 16, 1901		9. AGE (In years last birthday) 52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone Mason		10B. KIND OF BUSINESS OR INDUSTRY self employed
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? ✓
13. FATHER'S NAME Albert Tucker		14. MOTHER'S MAIDEN NAME Bessie V. Pierce
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 218-03-3650
17. INFORMANT Mr. Charles Doll - 6 Belmont Ave.,		ADDRESS Woodlawn, Md.
18. 416x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Rheumatic Heart Disease (A) _____ DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH 25 yrs +		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 31 Mar , 19 53 , to 9 Apr , 19 53 , that I last saw the deceased alive on 31 Mar , 19 53 and that death occurred at 6 A m., from the causes and on the date stated above.		
23A. SIGNATURE John W. Dr. H. H. H.		23B. ADDRESS 2020 N Charles St
23C. DATE SIGNED 9 Apr 53		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/11/53	24C. NAME OF CEMETERY OR CREMATORY Lorraine Cem.
24D. LOCATION (City, town, or county) Woodlawn, Md.		(State)
DATE RECEIVED BY LOCAL REGISTRAR Huntington Williams, Jr.		25. FUNERAL DIRECTOR Thos. J. Lufener & Sons
ADDRESS Balto 17, Md.		

504 24

STATE OF TEXAS
COUNTY OF DALLAS

BEFORE ME, the undersigned authority, on this day personally appeared _____

known to me to be the person whose name is subscribed to the foregoing instrument,

and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 19____.

Notary Public in and for the State of Texas

My commission expires this _____ day of _____, 19____.

53 3521

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3521

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD DAVIES

2. DATE
OF
DEATH

4/9/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

MERCY HOSP. INC.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

26-44

D. STREET ADDRESS (If rural, give location)

3618 ESTHER PLACE #24

c. Length of stay in Baltimore

? Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

May 5, 1876

9. AGE (In years
last birthday)

76

11 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

steel worker

10B. KIND OF BUSINESS OR
INDUSTRY

Steel Mfg.

11. BIRTHPLACE (State or foreign country)

MARYLAND?

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Davies

14. MOTHER'S MAIDEN NAME

Ann Chappell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

213-09-4316

17. INFORMANT

ADDRESS

Mrs. Nellie Davies - 3618 Esther Place

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of transverse colon,
with epineuric metastases

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3/3/53

19B. MAJOR FINDINGS OF OPERATION

Carcinoma, transverse colon with epineuric metastases

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/26 1953, to 4/9 1953, that I last saw the
deceased alive on 4/9 1953, and that death occurred at 1:25 A.M., from the causes and on the date stated above.

23. SIGNATURE

Frank J. Theuerhaaf

M. D.

23B. ADDRESS

Mercy Hospital Balt.

23C. DATE SIGNED

4/9/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/11/53

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cem.

24D. LOCATION (City, town, or county)

Baltg., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Dickner & Sons

ADDRESS

Baltimore 17, Md.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

1911

DEATH CERTIFICATE

DATE OF BIRTH

DATE OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

DIAGNOSIS

SEX

AGE

NAME OF DECEASED

NAME OF FATHER

NAME OF MOTHER

NAME OF SPOUSE

NAME OF CHILD

NAME OF GRANDCHILD

NAME OF GREAT-GRANDCHILD

NAME OF OTHER RELATIVE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

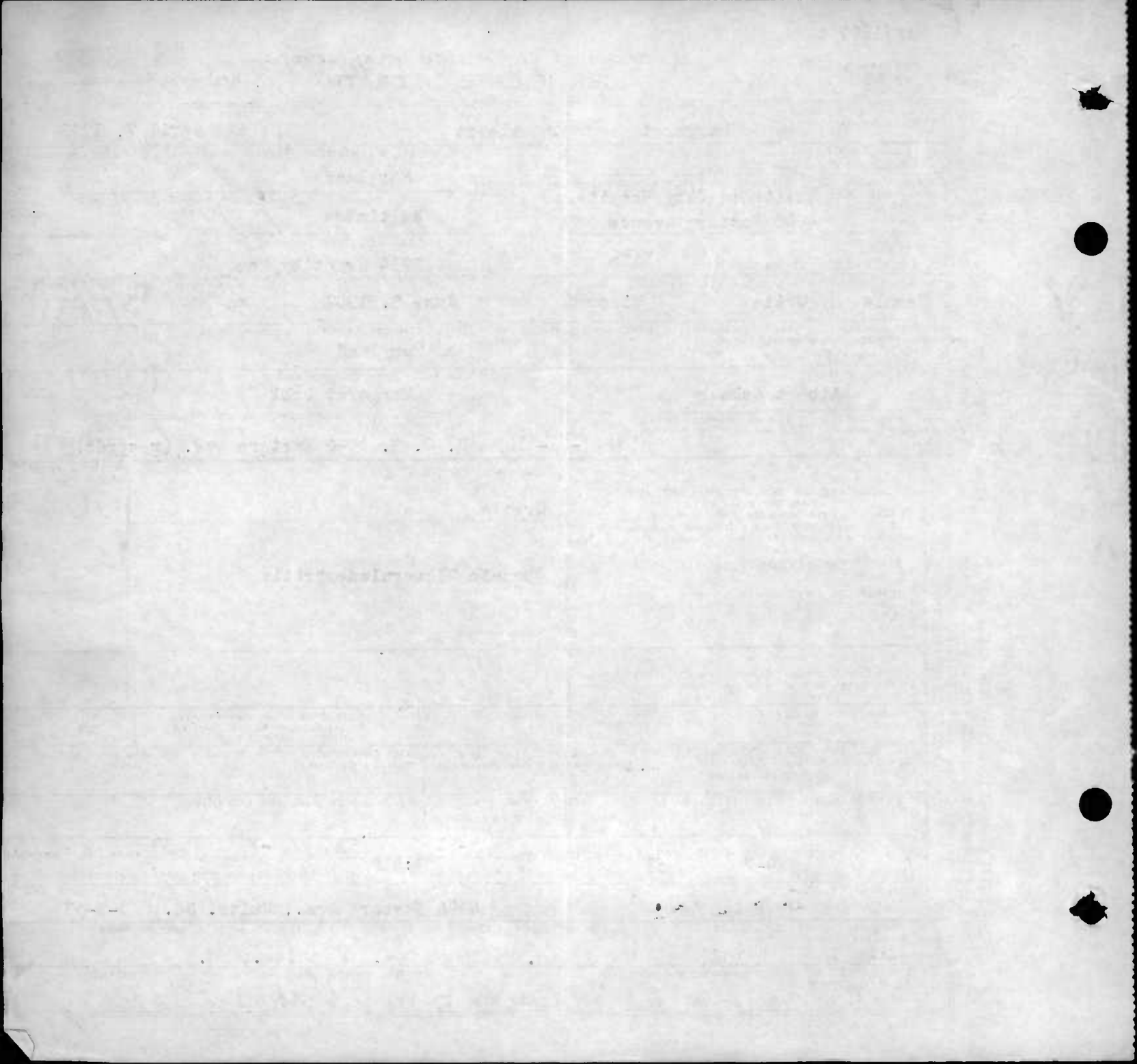
A MAF 1691566

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3522
Registered No.

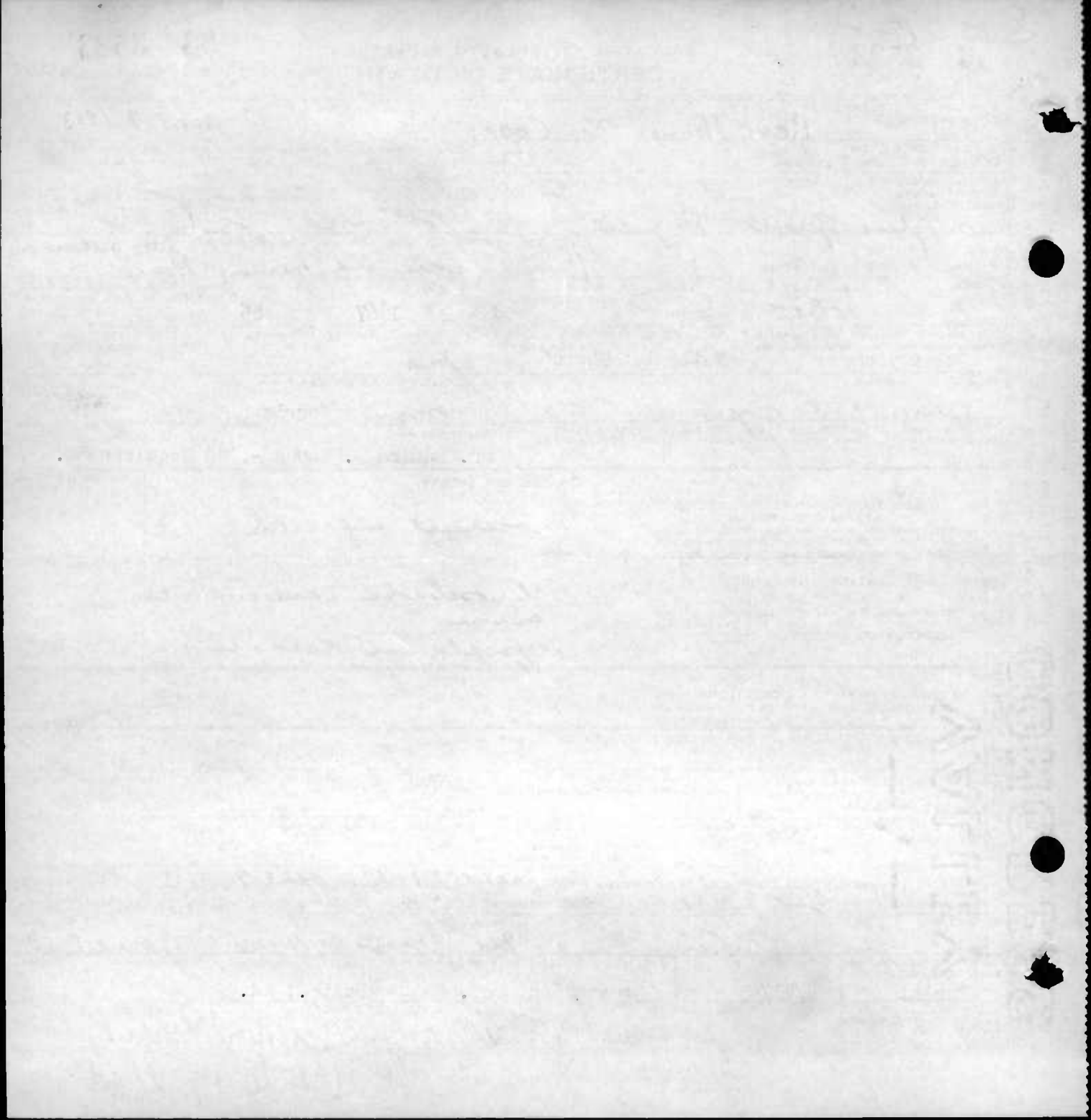
53 3522
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Margaret Schaar Albert			2. DATE OF DEATH April 7, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-38		
c. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2914 Grantley Road		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 3, 1902	9. AGE (In years last birthday) 50	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME Albert Schaar			14. MOTHER'S MAIDEN NAME Margaret Ball		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. 217-01-8189		
17. INFORMANT B. C. H. 4940 Eastern Ave. (records)			ADDRESS		
18. 592 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia DUE TO Chronic Glomerulonephritis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. INTERVAL BETWEEN ONSET AND DEATH			CAUSE OF DEATH		
II OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.					
19A. DATE OF OPERATION 3-31		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-31 19 53 , to 4-7 19 53 , that I last saw the deceased alive on 4-7 19 53 , and that death occurred at 3:45 P m., from the causes and on the date stated above.					
23A. SIGNATURE H. J. Schaar			23B. ADDRESS 4940 Eastern Ave., Balto. Md.		23C. DATE SIGNED 4-7-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-10-53		24C. NAME OF CEMETERY OR CREMATORY Balto. National Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.		25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS Balto 17, Md.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3523
Registered No.

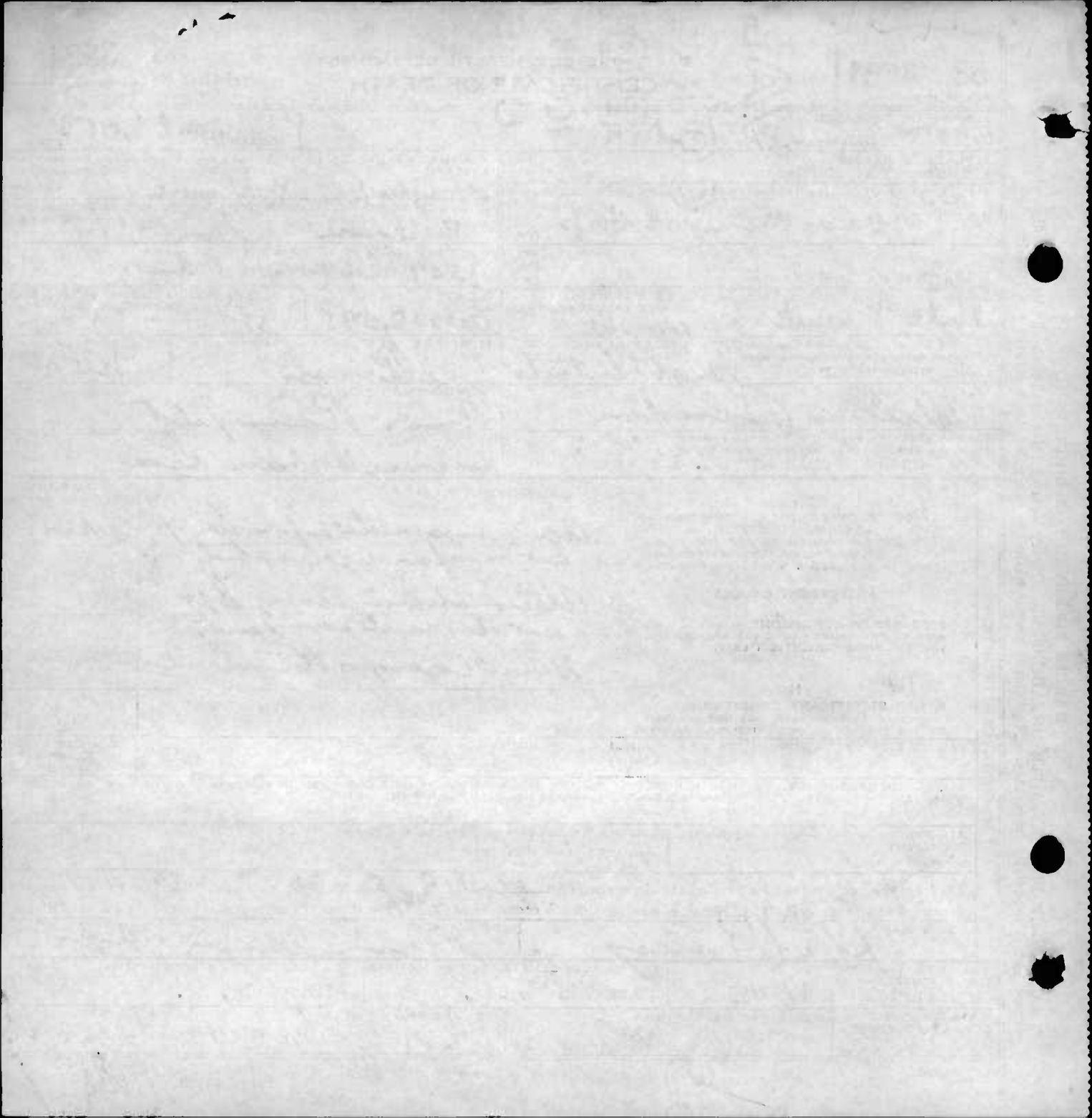
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Rev. Thomas E. Copes		April 9 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
b. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-12			
c. Length of stay in Baltimore 48 Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) Edgewood Nursing Home 6000 Bellona Ave.			
5. SEX M	6. COLOR OR RACE white	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED (Specify)	8. DATE OF BIRTH Aug. 29 1867		9. AGE (In years last birthday) 85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clergyman		10b. KIND OF BUSINESS OR INDUSTRY Methodist Church		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME George L. F. Copes		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Mary Norris	
17. INFORMANT		ADDRESS Mr. Edward H. Copes - 108 Woodlawn Rd.			
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) myocardial infarction DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic cardiovascular disease Hypoplastic anemia DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 27, 1953, to April 9, 1953, that I last saw the deceased alive on April 9, 1953, and that death occurred at 10 A. M., from the causes and on the date stated above.					
23a. SIGNATURE Sze-jun Lin		23b. ADDRESS Md. General Hospital		23c. DATE SIGNED April 9 '53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/11/53		24c. NAME OF CEMETERY OR CREMATORY Green Mount Cem.	
24d. LOCATION (City, town, or county) Balto., Md.		24e. FUNERAL DIRECTOR Wm. J. Pickner & Sons		24f. ADDRESS Balto 17, Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 10 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			



BLOEDORN
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3524
Registered No.

BIRTH NO. 53 3524		1. NAME OF DECEASED (Type or Print) Raymond Bloedorn		2. DATE OF DEATH April 9, 1953	
3. PLACE OF DEATH A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hosp		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Yrs. 44 Mos. Days		D. STREET ADDRESS (if rural, give location) 3507 Edgewood Rd			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Feb 28, 1895	9. AGE (In years last birthday) 58
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) supervisor		10B. KIND OF BUSINESS OR INDUSTRY Gas & Electric		11. BIRTHPLACE (State or foreign country) Illinois	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME William Bloedorn		14. MOTHER'S MAIDEN NAME Anna Kumpfeldt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes World War No. 1		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Lore Bloedorn same	
18. 42011 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute myocardial infarction of ant. surface left ventricle.		CAUSE OF DEATH (A) Acute myocardial infarction of ant. surface left ventricle. (B) Atherosclerosis severe; left ant. descending coronary artery. (C) General coronary atherosclerosis		INTERVAL BETWEEN ONSET AND DEATH 3 hrs.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. General coronary atherosclerosis		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 4/11/53		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 9, 1953 , to April 9, 1953 , that I last saw the deceased alive on April 9, 1953 , and that death occurred at 2:30 AM , from the causes and on the date stated above.					
23A. SIGNATURE R. C. Briley		23B. ADDRESS Union Memorial		23C. DATE SIGNED 4-9-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/11/53		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.	
24D. LOCATION (City, town, or county) (State) Pikesville, Md.		25. FUNERAL DIRECTOR Wm. J. Pickner & Sons		ADDRESS 2905 E. Balto 17, Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Hall		25. FUNERAL DIRECTOR Wm. J. Pickner & Sons	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 3525**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Henry Sullivan

2. DATE
OF

DEATH **April 9, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

13-08

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

3429 Ash Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3429 Ash Street

c. Length of stay in Baltimore

43 years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Nov. 19, 1867

9. AGE (In years last birthday)

85

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Janitor

10B. KIND OF BUSINESS OR INDUSTRY

Public School Retired 15 yrs.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U S A

13. FATHER'S NAME

Jeremiah Sullivan

14. MOTHER'S MAIDEN NAME

Sallie Whalen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Miss Minnie Sullivan 3429 Ash Street

18. **442X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

Cardio Vascular Renal ?
Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CERTIFICATION APPROVED BY
R. F. Burgee
CHIEF OR ASST. MEDICAL EXAMINER

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **19**, to **19**, that I last saw the deceased alive on **19**, and that death occurred at **4.15 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

April 11, 1953

24C. NAME OF CEMETERY OR CREMATORY

Springfield

24D. LOCATION (City, town, or county)

Sykesville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burgee Funeral Home 3631 Falls Road

Norace F. Burgee

Wm R Johnson
4008 ED

VS 150

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

PREVIOUS ILLNESS

PREVIOUS SURGERY

PREVIOUS TRAUMA

PREVIOUS DRUGS

PREVIOUS ALCOHOL

PREVIOUS TOBACCO

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

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PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

15318
m
h
at

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3527
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MUTH, GENEVIEVE			2. DATE OF DEATH April 7, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Mercy Hospital			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE MD. B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-38		
c. Length of stay in Baltimore Lifetime			D. STREET ADDRESS (If rural, give location) 2407 Holm Ave.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 11-30-1896	9. AGE (In years last birthday) 56	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) North Carolina		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Timothy J. Keating			14. MOTHER'S MAIDEN NAME May Driscoll		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT Taken from records		

18. 199.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Abdominal carcinomatosis	CAUSE OF DEATH Abdominal carcinomatosis	INTERVAL BETWEEN ONSET AND DEATH 1 yr.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) _____ DUE TO (B) _____ DUE TO (C) _____		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION Nov. 1952	19B. MAJOR FINDINGS OF OPERATION Generalized abdominal carcinomatosis	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH no	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April 1, 1953** to **April 7, 1953** that I last saw the deceased alive on **April 7, 1953** and that death occurred at **1007 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE R. Medler	23B. ADDRESS Mercy Hospital	23C. DATE SIGNED 7 Apr 1953
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4-11-53	24C. NAME OF CEMETERY OR CREMATORY New Cathedral	24D. LOCATION (City, town, or county) (State) Baltimore Maryland
--	-----------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR APR 10 1953	REGISTRAR'S SIGNATURE Huntington Williams, MD.	25. FUNERAL DIRECTOR Charles F. Evans & Son	ADDRESS 118 W. Mt. Royal Ave.
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VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3528

BIRTH NO. 53 3528

1. NAME OF DECEASED
(Type or Print)

Julia Jackson

2. DATE
OF
DEATH

April 9, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4212 Stager St.

c. Length of stay in Baltimore

60 years

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 7, 1884

9. AGE (In years,
last birthday)

68

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Teacher

10B. KIND OF BUSINESS OR
INDUSTRY

Public schools

11. BIRTHPLACE (State or foreign country)

Lynchburg, Va

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

J. M. C. Moorman

14. MOTHER'S MAIDEN NAME

Mellie S. Saunders

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

214-12-1933

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 170X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) CARCINOMA (breast) WITH METASTASES

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

7 YRS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

HYPERTENSION

5 YRS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-8, 1953 to 4-9, 1953 that I last saw the deceased alive on 4-9, 1953, and that death occurred at 6:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Stewart Mackay Wright, M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

4-9-1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Apr. 13, 1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Halligan Funeral Home
1431 Druid Hill Ave.

NOT A MEDICAL EXAMINER'S CASE
R. S. Fisher
M.D.
CHIEF OF ASST. MEDICAL EXAMINER

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3529

FVJ 165706

53 3529

1. NAME OF DECEASED
(Type or Print)

Elizabeth Fisher

2. DATE
OF
DEATH

April 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2911 O'Donnell Street

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

5/17/1877

9. AGE (In years
last birthday)

75

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Michael Brown

14. MOTHER'S MAIDEN NAME

Rebecca Brazier

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B.C.H. 4940 Eastern Ave. (records)

18. 592x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Vascular Contracted Kidney

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Purulent Bronchitis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 12-9-1952 to 4-7-1953, that I last saw the deceased alive on 4-7-1953, and that death occurred at 4:50 p. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

4-7-1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/10/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.
Plynn & Fleming 1426 Light St.

1933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

FILE NO.

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY

DATE OF DEPARTURE

DATE OF RETURN

DATE OF DEATH

DATE OF BURIAL

DATE OF CREMATION

DATE OF INTERMENT

DATE OF EXHUMATION

DATE OF REINTERMENT

DATE OF RECREMATION

DATE OF REINTERMENT

DATE OF RECREMATION

DATE OF REINTERMENT

DATE OF RECREMATION

DATE OF REINTERMENT

DATE OF RECREMATION

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DATE OF RECREMATION

DATE OF REINTERMENT

M-236

53 3530

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3530
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RUTH ALPHONZIA MISTER

2. DATE
OF
DEATH

April 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland - 28-41

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4730 Liberty Heights Ave - 7

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore - 7-

c. Length of stay in Baltimore

42

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4730 Liberty Heights Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

B. DATE OF BIRTH

September 2, 1910

9. AGE (In years last birthday)

42

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Time Keeper

10B. KIND OF BUSINESS OR INDUSTRY

Department Store

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

United States

13. FATHER'S NAME

Edgar Carroll Mister

14. MOTHER'S MAIDEN NAME

Bertha May Webster

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

26 05 4294

17. INFORMANT

Mrs. Bertha Mister 4730 Liberty Heights Ave - 7 -

ADDRESS

1B. 175X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Left Ovary with Metastasis

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

18 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

August 1952

19B. MAJOR FINDINGS OF OPERATION

Metastatic Carcinoma to Left Hip

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 1952, to April 1953, that I last saw the deceased alive on April 7, 1953, and that death occurred at 157 m., from the causes and on the date stated above.

23A. SIGNATURE

William T. Traylor

M. D.

23B. ADDRESS

3400 Woodbine Ave. Balt. 7 Md

23C. DATE SIGNED

4/7/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

April 10, 1953

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Baltimore Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

APR 10 1953

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Loring Byers

ADDRESS

5005 Park View

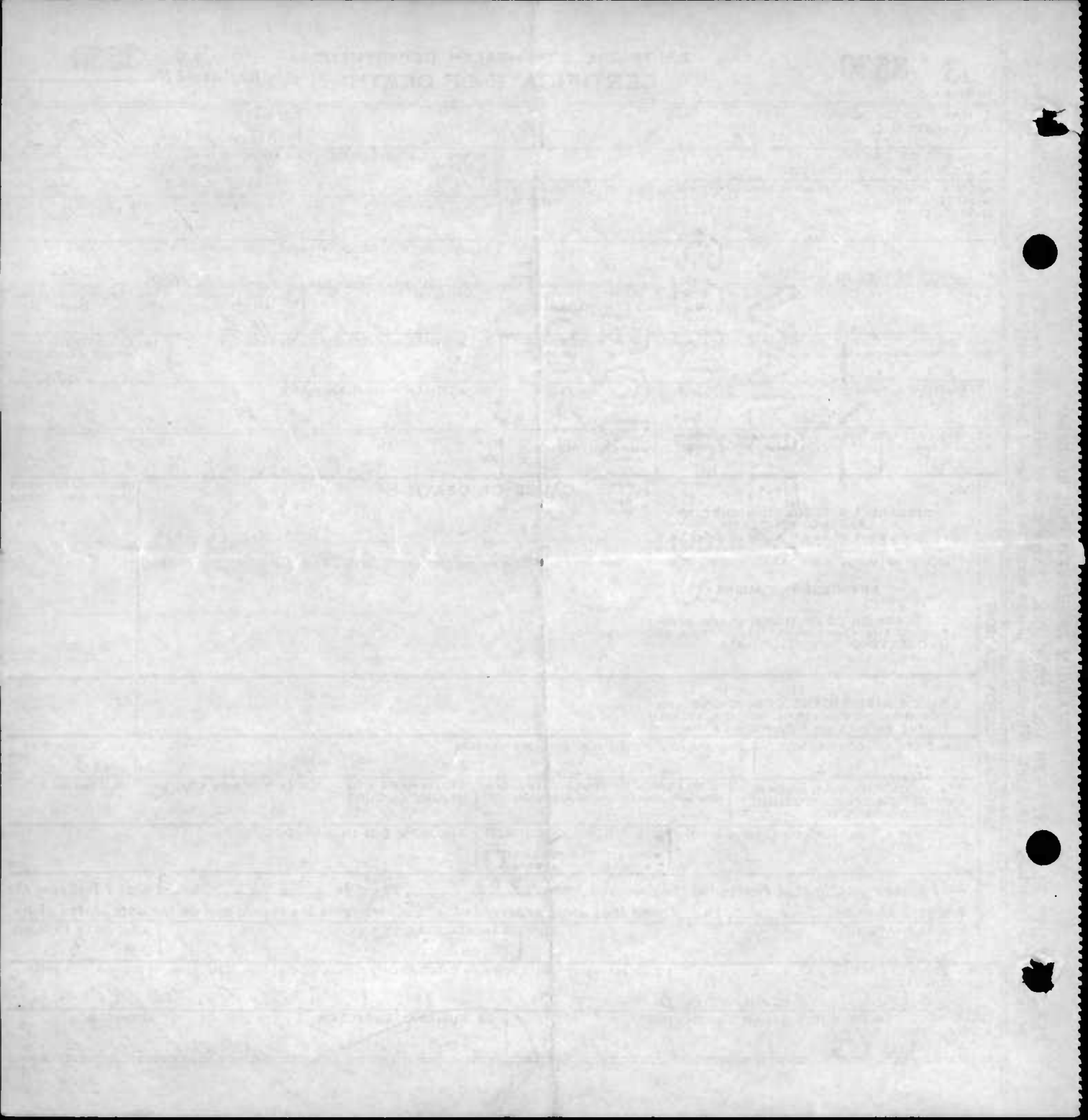
VS 150

390 6C

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3531**

BIRTH NO. **53 3531**

1. NAME OF DECEASED
(Type or Print)

BERNARD HARRISS

2. DATE
OF
DEATH

APRIL 8, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

FRANKLIN SQUARE HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md. 2949

B. COUNTY

before admission)

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give township)

20-06

D. STREET ADDRESS (If rural, give location)

2949 FREDERICK

c. Length of stay in Baltimore

36

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Jan. 16, 1890

9. AGE (In years last birthday)

63

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

TAVERN OWNER

10B. KIND OF BUSINESS OR INDUSTRY

Own Business

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Geo. Hariss

14. MOTHER'S MAIDEN NAME

ANNIE BARRENBARGER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

IONE HARRISS, WIFE 2949 Fresh Rd.

18. 451X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Ruptured Aortic Aneurysm

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **3-28**, 19**53**, to **4-8**, 19**53**, that I last saw the deceased alive on **4-8**, 19**53**, and that death occurred at **8:45 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Magin Quinlan M.D.

23B. ADDRESS

FRANKLIN SQUARE HOSPITAL

23C. DATE SIGNED

4-8-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Apr. 11/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

APR 10 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Harry H. Ritzke, 4101 Edmondson

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
OFFICE OF THE COMMISSIONER
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1931

Name of Deceased		Date of Death	
Sex		Age	
Race		Place of Birth	
Usual Residence		Cause of Death	
Occupation		Manner of Death	
Signature of Physician		Signature of Registrar	
Date of Report		Place of Report	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3532
Registered No. 53 3532

Locate

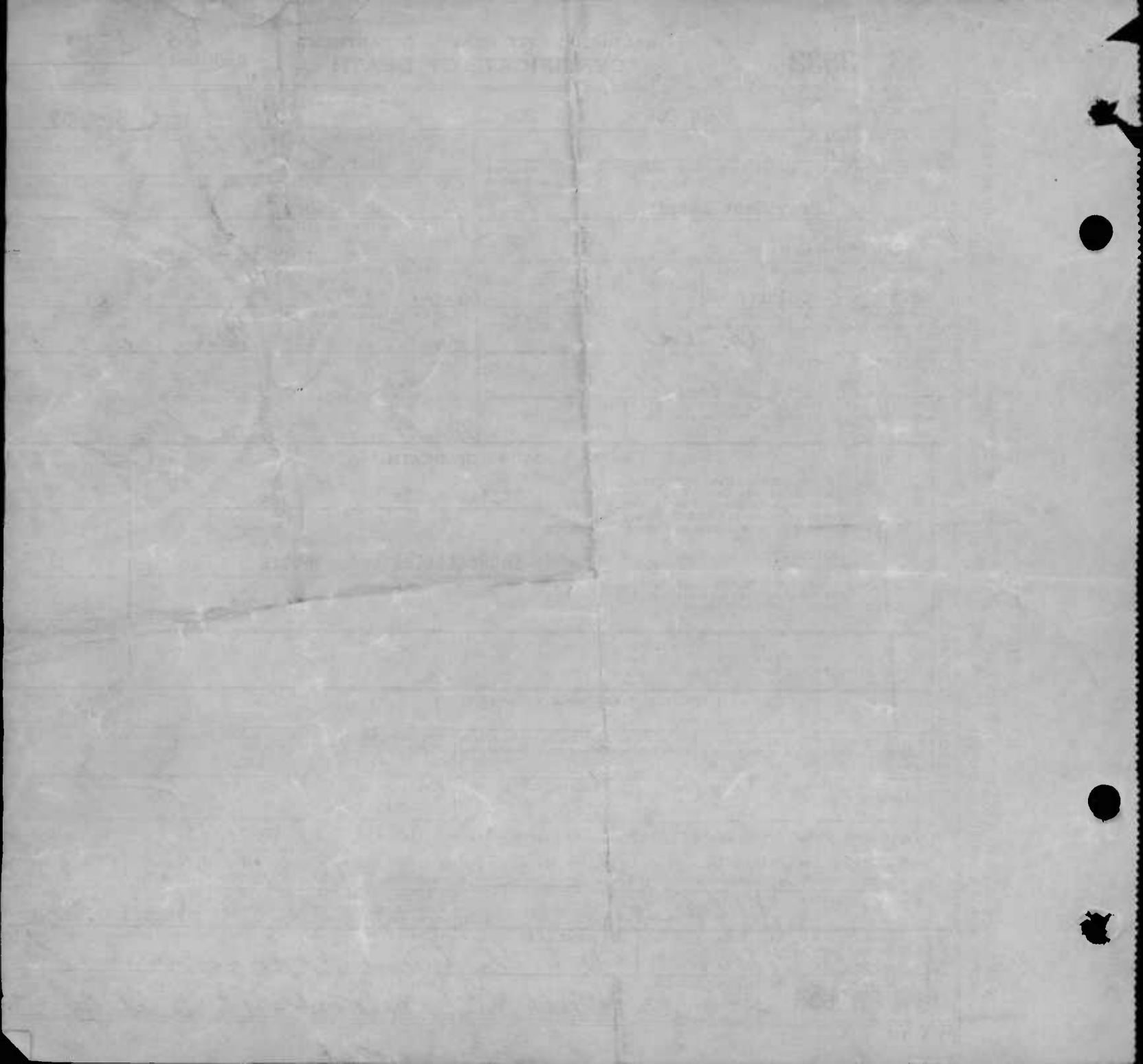
BIRTH NO. 53 3532

1. NAME OF DECEASED (Type or Print) MAURICE POWELL		2. DATE OF DEATH April 8, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-03	
c. Length of stay in Baltimore 9 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1210 W. North Avenue	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH Aug. 7, 1952
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 9
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U. S. - A.	
13. FATHER'S NAME M. Powell		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS Mr. Powell - 1210 W. North Ave.	

18. 391.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Otitis media (A)		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Interstitial pneumonitis (B)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED April 9, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/10/53		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	
24D. LOCATION (City, town, or county) Maryland		24E. DATE RECEIVED BY LOCAL REGISTRAR APR 10 1953		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR A. Walstead - 918 -		24H. ADDRESS		24I. STATE	

VS 151



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3533
Registered No. 53 3533

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*William J. Bennett*2. DATE
OF
DEATH*4/7/53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *1738 N. Dallas St*4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION*1738 N. Dallas St*C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)*Baltimore City 8-06*

D. STREET ADDRESS (If rural, give location)

1738 N. Dallas St

c. Length of stay in Baltimore

*Several years*Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

*C*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Married*

8. DATE OF BIRTH

*5/15/92*9. AGE (In years
last birthday)*60*11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY*Solomon*

11. BIRTH PLACE (State or foreign country)

*St Mary Co. Md*12. CITIZEN OF
WHAT COUNTRY?*U.S.A.*

13. FATHER'S NAME

Henry Bennett

14. MOTHER'S MAIDEN NAME

*Sarah E. Barne*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.*217-01-3625*

17. INFORMANT

Howard Bennett 1738 N. Dallas St

ADDRESS

18. *490X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

*Lobar Pneumonia*INTERVAL BETWEEN
ONSET AND DEATH*2 days*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4/5*, 19*53*, to *7 April*, 19*53*, that I last saw the
deceased alive on *6 April*, 19*53*, and that death occurred at *345 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

A. C. Burwell

M. D.

23B. ADDRESS

121 Piquette St

23C. DATE SIGNED

*4/9/53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

April 11-53

24C. NAME OF CEMETERY OR CREMATORY

Not Calvary Cem.

24D. LOCATION (City, town, or county)

A. A. Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

W. H. Williams 1515 N. E. St.

ADDRESS

NEW YORK CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

12

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3534**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elmer Beckner

2. DATE OF DEATH

Apr - 9 - 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1600 Wilson Point Rd

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Guard

10B. KIND OF BUSINESS OR INDUSTRY

G. P. Martin Co

11. BIRTHPLACE (State or foreign country)

Canada

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

NO

(If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

711-03-6523

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. *581.0*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) *Gastrointestinal*

DUE TO *Hemorrhage*

(B) *Esophageal Varices*

DUE TO *Cirrhosis of Liver*

(C)

INTERVAL BETWEEN ONSET AND DEATH

9 da.

?

?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4-6* 19*53*, to *4-9* 19*53*, that I last saw the deceased alive on *4-9* 19*53*, and that death occurred at *8:45* a.m., from the causes and on the date stated above.

23A. SIGNATURE

David L. Lewis

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Crementation

24B. DATE

4/11/53

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county)

Balto. City

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William M. Williams

25. FUNERAL DIRECTOR

Carroll Funeral Home

ADDRESS

7401 Belair Rd

VS 150

763 3T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3535

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Frederick

2. DATE
OF
DEATH

April 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY

MARYLAND Balt.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, #14

c. Length of stay in Baltimore Yrs. Mos. Days

Lifetime

D. STREET ADDRESS (If rural, give location)

2903 Willoughby Rd.

5. SEX

M

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

May 22, 1890

9. AGE (In years last birthday)

62

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Balt. Transit Co.

10B. KIND OF BUSINESS OR INDUSTRY

transportation

11. BIRTHPLACE (State or foreign country)

Baltimore City

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Frederick

14. MOTHER'S MAIDEN NAME

ANNA WALZ

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

UNKNOWN

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 162X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) CARCINOMATOSIS, Regional lymphoid metastasis, tracheo-bronchial and mediastinal lymph nodes. Metastasis to the liver and left adrenal

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Probable bronchogenic carcinoma, r lung.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

NONE

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

none

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

none

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

none

22. I hereby certify that I attended the deceased from April 2, 1952, to April 10, 1953, that I last saw the deceased alive on April 10, 1953, and that death occurred at 12:50 Am., from the causes and on the date stated above.

23A. SIGNATURE

R. M. Mullen

23B. ADDRESS

Mercy Hospital, Baltimore

23C. DATE SIGNED

4/10/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

April 13

24C. NAME OF CEMETERY OR CREMATORY

Green Lawn Cemetery Baltimore

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Boerscht Funeral

ADDRESS

7401 Belair

See query reply in document file

STATE OF NEW YORK
CERTIFICATE OF DEATH

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3536**

BIRTH NO. **53 3536**

1. NAME OF DECEASED (Type or Print) <i>Katherine Bevans (Bibbons)</i>		2. DATE OF DEATH <i>12:00 P.M. April 9-1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Little Sisters of the Poor</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>1200 Valley St</i>			
5. SEX <i>Female</i>		6. COLOR OR RACE <i>negroes</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <i>1870 (approx. date known)</i>	
9. AGE (In years last birthday) <i>82</i>		10. Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>?</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Joseph M. Kenny</i>		14. MOTHER'S MAIDEN NAME <i>Frances ? doesn't know.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>Little Sisters of the Poor</i>	
17. INFORMANT		ADDRESS	

18. <i>151X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) <i>Carcinoma of Stomach</i>			<i>1 year</i>
ANTECEDENT CAUSES			
(B) <i>Metastasis Liver</i>			<i>5 mo</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan 10 - 1953</i> , to <i>Apr 9 - 1953</i> , that I last saw the deceased alive on <i>Apr 8, 1953</i> , and that death occurred at <i>12:00</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>E. Gill Hall M.D.</i>		23B. ADDRESS <i>1631 E. North Ave</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>April 11/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>	
				24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 10 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Rita Weddefield Poole Beddle</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BIRTH NO.				BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 3537	
1. NAME OF DECEASED (Type or Print)				COLUMBIA		GIORDANO	
2. DATE OF DEATH				April 9, 1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE New York B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brooklyn			
c. Length of stay in Baltimore 3 Days				D. STREET ADDRESS (If rural, give location) 1422 71st Street			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH April 20, 1881		9. AGE (In years last birthday) 70		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE			10B. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) ITALY		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ANIELLO ARPAIO			14. MOTHER'S MAIDEN NAME ITALY JEUSEPPA CASCINA		17. INFORMANT LOUIS DIAMEROSAD ADDRESS JEUSEPPA WASH. D.C.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT LOUIS DIAMEROSAD ADDRESS JEUSEPPA WASH. D.C.		
18. E 816.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTecedent CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				CAUSE OF DEATH (A) Crushing injury of chest DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS INJURY OR CONTRIB- UTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) road		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? Southwestern Boulevard near Route #1		21F. HOW DID INJURY OCCUR? Passenger in auto which collided with autopsy truck	
21D. TIME (Month) (Day) (Year) (Hour) April 7, 1953		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE R.S. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED April 10, 1953			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 4-13-53		24C. NAME OF CEMETERY OR CREMATORY ST JOHN		24D. LOCATION (City, town, or county) (State) BROOKLYN NY	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Hosang H. Hubbard		ADDRESS 2505 E. Lombard	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3538

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna E. Smith

2. DATE
OF
DEATH

April 9, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

327 Scott Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

327 Scott Street

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

February 28, 1898

9. AGE (In years
last birthday)

55

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George W. Howard

14. MOTHER'S MAIDEN NAME

Mary C. Mitchell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Frank M. Smith, 327 Scott Street

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pulmonary Tuberculosis

one month

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 16th, 1953 to April 9th, 1953, that I last saw the
deceased alive on March 31st, 1953, and that death occurred at 5:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Harry W. Cates

M. D.

23B. ADDRESS

517 Scott St.

23C. DATE SIGNED

April 9/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

4/13/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. G. G. Inc, 1217 St. Paul Street

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

NAME OF DECEASED <i>John J. Smith</i>		SEX <i>Male</i>	
AGE <i>45</i>		DATE OF BIRTH <i>Jan 15 1880</i>	
PLACE OF BIRTH <i>New York City</i>		PLACE OF DEATH <i>New York City</i>	
CAUSE OF DEATH <i>Pharyngeal Tuberculosis</i>		MANNER OF DEATH <i>Natural</i>	
PERIOD OF ILLNESS <i>3 months</i>		TIME OF DEATH <i>10:30 PM</i>	
SIGNATURE OF PHYSICIAN <i>Dr. J. H. Jones</i>		SIGNATURE OF REGISTRAR <i>Wm. H. Smith</i>	
DATE <i>Dec 10 1925</i>		TIME <i>10:30 PM</i>	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3539

BIRTH NO. 53 3539

1. NAME OF DECEASED (Type or Print) <i>Charles A. Dofflemeyer</i>			2. DATE OF DEATH <i>4/9/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>681 W. Fayette St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 4-02</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>681 W. Fayette St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>8/16/1869</i>	9. AGE (In years last birthday) <i>83</i>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Iron Worker</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Eastern Iron Works</i>	11. BIRTHPLACE (State or foreign country) <i>Virginia</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Mrs. Flynn</i>			ADDRESS <i>681 W. Fayette St.</i>		

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Cerebral Hemorrhage</i> DUE TO (B) <i>Hypertensive Cardio-vascular</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>April 7</i> , 19 <i>53</i> , to <i>April 9</i> , 19 <i>53</i> that I last saw the deceased alive on <i>April 9</i> , 19 <i>53</i> , and that death occurred at <i>2 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Henry Glassman</i>		23B. ADDRESS <i>2687 Market St.</i>		23C. DATE SIGNED <i>April 10, 1953</i>	
24A. BURIAL, CREMATION, OR REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/10/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Peter's</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		25. FUNERAL DIRECTOR <i>Wm. Cook Inc</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 10 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		ADDRESS <i>1217 St. Paul St.</i>	

1

5 53

George C. Howard
Hoffman, Inc. (New York)

April 22 1919
Hoffman, Inc. (New York)

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3540
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARIA SEMILIA

2. DATE
OF
DEATH

4-9-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Doctors Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore, G

D. STREET ADDRESS (If rural, give location)

Box 365 Philadelphia Rd

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

June 24, 1894

9. AGE (In years
last birthday)

58

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Michael Marciano

14. MOTHER'S MAIDEN NAME

Rosalia

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Stella Semilia, 607 Wampler Rd

18. 433.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Embolism

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Mural Thrombosis

DUE TO

(C)

Auricular fibrillation

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic Heart Disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1952, to April 9, 1953, that I last saw the
deceased alive on April 9, 1953, and that death occurred at 10:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Fuller

23B. ADDRESS

Ridge Rd. Baltimore, Md.

23C. DATE SIGNED

April 15, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/13/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 St. Paul St

MINISTRY OF DEFENSE
CERTIFICATE OF SERVICE

RECEIVED BY COMMANDING OFFICER
UNITED STATES ARMY
FORT MONMOUTH, NEW JERSEY
ON 10/10/50

RECEIVED BY COMMANDING OFFICER

UNITED STATES ARMY
FORT MONMOUTH, NEW JERSEY
ON 10/10/50

RECEIVED BY COMMANDING OFFICER
UNITED STATES ARMY
FORT MONMOUTH, NEW JERSEY
ON 10/10/50

RECEIVED BY COMMANDING OFFICER
UNITED STATES ARMY
FORT MONMOUTH, NEW JERSEY
ON 10/10/50

RECEIVED BY COMMANDING OFFICER
UNITED STATES ARMY
FORT MONMOUTH, NEW JERSEY
ON 10/10/50

RECEIVED BY COMMANDING OFFICER
UNITED STATES ARMY
FORT MONMOUTH, NEW JERSEY
ON 10/10/50

RECEIVED BY COMMANDING OFFICER
UNITED STATES ARMY
FORT MONMOUTH, NEW JERSEY
ON 10/10/50

RECEIVED BY COMMANDING OFFICER
UNITED STATES ARMY
FORT MONMOUTH, NEW JERSEY
ON 10/10/50

RECEIVED BY COMMANDING OFFICER
UNITED STATES ARMY
FORT MONMOUTH, NEW JERSEY
ON 10/10/50

RECEIVED BY COMMANDING OFFICER
UNITED STATES ARMY
FORT MONMOUTH, NEW JERSEY
ON 10/10/50

RECEIVED BY COMMANDING OFFICER
UNITED STATES ARMY
FORT MONMOUTH, NEW JERSEY
ON 10/10/50

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3541

BIRTH NO. 53 3541

1. NAME OF DECEASED
(Type or Print)

BABY GIRL HALEBSKY

2. DATE
OF
DEATH

4-9-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2025 W. Fayette

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Bon Secours Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 29

D. STREET ADDRESS (If rural, give location)

4643 Manordene RD

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

4-8-53

9. AGE (In years last birthday)

7

10. Under 1 Year
Months: Days

-- 1

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

MAX HALEBSKY

14. MOTHER'S MAIDEN NAME

Thelma Mac Hardin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.
no

17. INFORMANT

ADDRESS

Mr. Max Halebsky-4643 Manordene Rd.

18. 762.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ATELECTASIS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) /

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 4-8-53, 19__, to 4-9-__, 1953, that I last saw the deceased alive on 4-9, 1953, and that death occurred at 7 P. m., from the causes and on the date stated above.

23A. SIGNATURE

William G. Pillsbury

M. D.

23B. ADDRESS

Bon Secours Hospital

23C. DATE SIGNED

4/9/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/10/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

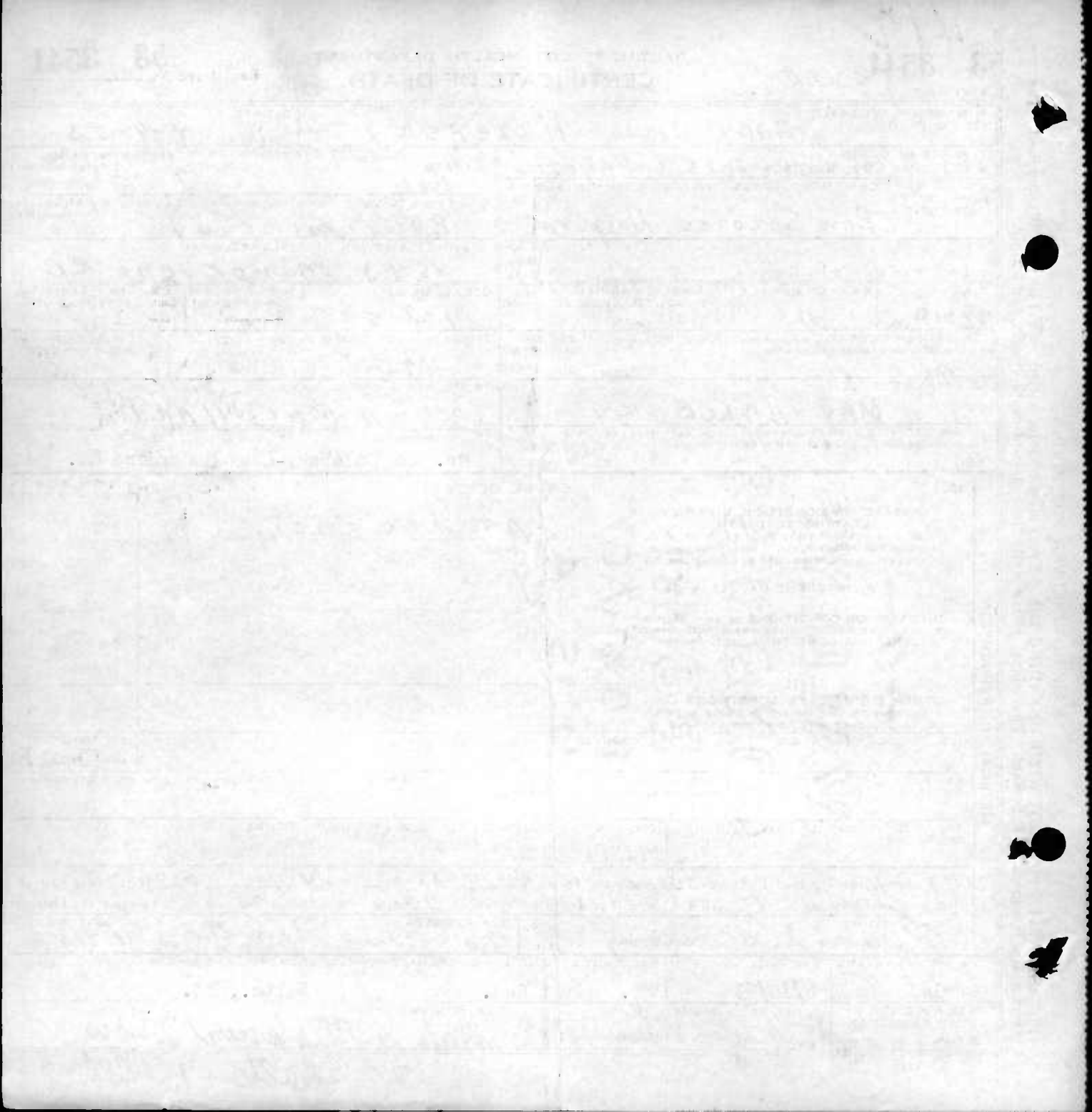
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Pickner & Sons
Balto 17, Md.APR 10 1953
VS 150



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3542

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES ELBERT FISHER, SR.

2. DATE
OF
DEATH

APR. 8, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

MARYLAND

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

TOWSON

UNION MEMORIAL HOSPITAL

D. STREET ADDRESS (If rural, give location)

107 E. BURKE AVE.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

DEC. 17, 1891

9. AGE (In years
last birthday)

61

If Under 1 Year
Months DaysIf Under 24 hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Vice Pres.

10B. KIND OF BUSINESS OR
INDUSTRY

Roofing Products

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

ELBERT WARFIELD FISHER

14. MOTHER'S MAIDEN NAME

ELLA ENGLE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or ocknowo) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

212-01-8489

17. INFORMANT

ADDRESS

CHARLES E. FISHER JR. 739 ANNEBIE RD.
CITY 12

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

myocardial infarction

ANTECEDENT CAUSES

(B)

DUE TO

coronary occlusion

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

DUE TO

arteriosclerosis, generalized
BronchopneumoniaOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from March 17, 1953, to April 8, 1953, that I last saw the
deceased alive on April 8, 1953, and that death occurred at 5:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

4/11/53

Druid Ridge Cem.

Pikesville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

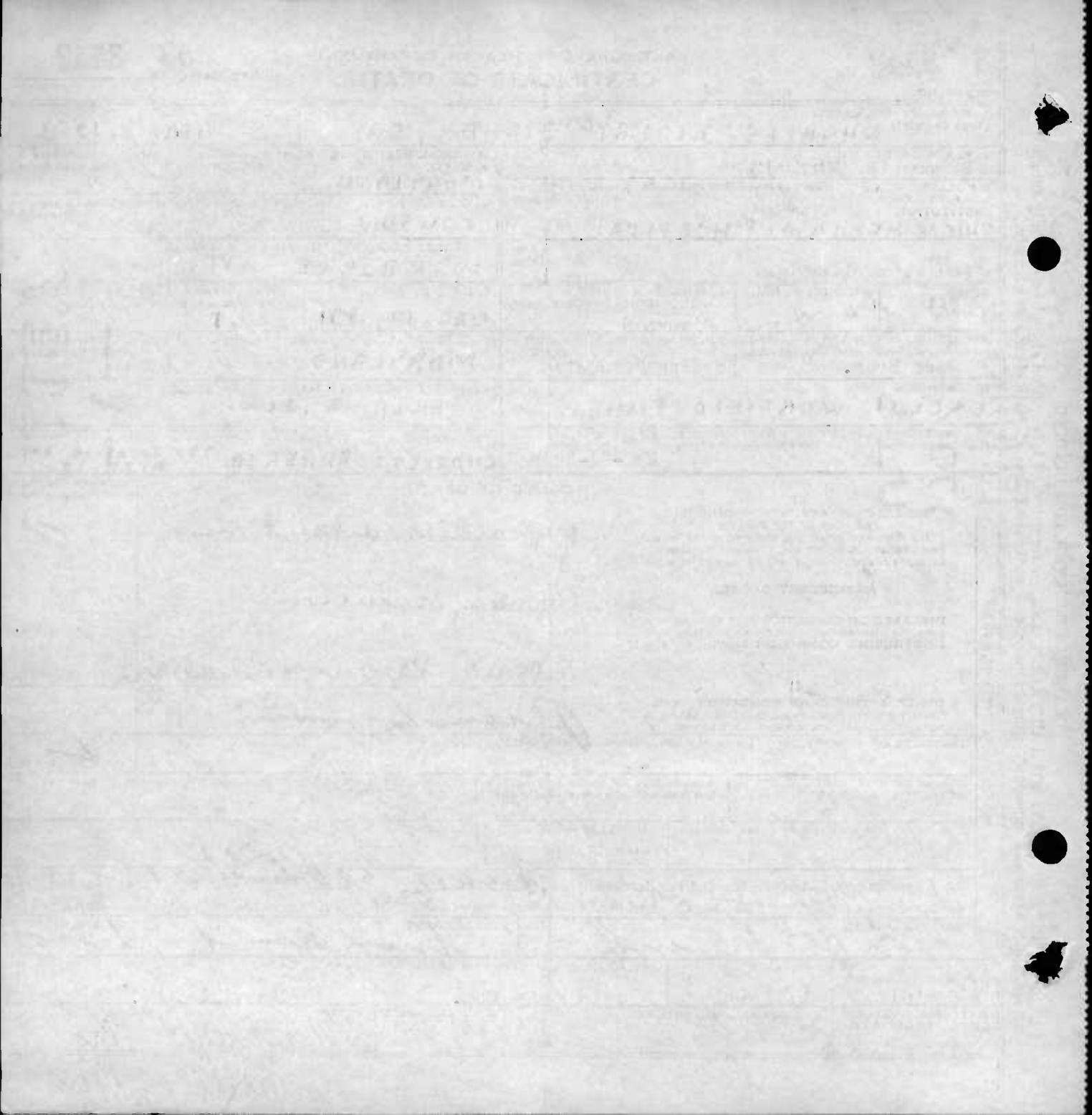
APR 10 1953

Huntington, Md.

J. G. Dickener & Sons

Batts. 17, Md.

290 4T



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-620
53 3543

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3543
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) MARY E. MERRICK	
2. DATE OF DEATH April 9, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Md. B. COUNTY	
5. C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. D. STREET ADDRESS (If rural, give location) 2554 Woodbrook Ave.	
7. c. Length of stay in Baltimore Yrs. Mos. Days	
8. SEX female	9. 6. COLOR OR RACE white
10. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	11. 8. DATE OF BIRTH May 22, 1875
12. 9. AGE (In years last birthday) 77	13. If Under 1 Year Months: Days
14. If Under 24 Hours Hours: Min.	15. 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
16. 10B. KIND OF BUSINESS OR INDUSTRY at home	17. 11. BIRTHPLACE (State or foreign country) Maryland
18. 12. CITIZEN OF WHAT COUNTRY?	19. 13. FATHER'S NAME James Rollins
20. 14. MOTHER'S MAIDEN NAME Margaret Boreing	21. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
22. 16. SOCIAL SECURITY NO.	23. 17. INFORMANT ADDRESS Miss Gladys Merrick - 2554 Woodbrook Ave
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 4-3-53	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chn. Myocarditis 1948 Arteriosclerosis 1948	
20. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
21. 19A. DATE OF OPERATION 0	
22. 19B. MAJOR FINDINGS OF OPERATION	
23. 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
24. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	
25. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
26. 21C. WHERE OLD INJURY OCCUR? (If in Baltimore City, give exact location)	
27. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
28. 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
29. 21F. HOW DID INJURY OCCUR?	
30. 22. I hereby certify that I attended the deceased from Apr 3, 1953, to Apr 9, 1953, that I last saw the deceased alive on Apr 8, 1953, and that death occurred at 1:15 a. m., from the causes and on the date stated above.	
31. 23A. SIGNATURE Paul Brown	
32. 23B. ADDRESS 3602 Loretta Hgts. Dr.	
33. 23C. DATE SIGNED 4-9-53	
34. 24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
35. 24B. DATE 4/11/53	
36. 24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.	
37. 24D. LOCATION (City, town, or county) (State) Pikesville, Md.	
38. DATE RECEIVED BY LOCAL REGISTRAR	
39. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
40. 25. FUNERAL DIRECTOR'S ADDRESS Barto 17, Md.	

400
53 3544BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered 53 3544

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Helen Neal*2. DATE
OF
DEATH*April 8, 1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *2101 Cold Sp. Lane*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE *2101 Cold Sp. Lane*

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION

*Bar-Wil-Ba*C. Length of stay in Baltimore *unknown*Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1726 McCulloh St

5. SEX

Female

6. COLOR OR RACE

Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

unknown 1892

9. AGE (In years last birthday)

60

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

Domestic

11. BIRTHPLACE (State or foreign country)

—

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

—

14. MOTHER'S MAIDEN NAME

Matilda Peters

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

—

17. INFORMANT

William Neal 1726 McCulloh

ADDRESS

18. *422.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *Chronic Myocarditis**About 2 yrs*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Arteriosclerosis*

DUE TO

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

—

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Crow.*, 1952 to *April 8, 1953*, that I last saw the deceased alive on *Apr. 8, 1953*, and that death occurred at *9:30 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

C. Mansell Lawrence, M.D.

23B. ADDRESS

1225 Penna Ave

23C. DATE SIGNED

4-8-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/10/53

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county) (State)

Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Hes. J. Nelson 1303

ADDRESS

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

STATE OF CALIFORNIA

INVESTIGATION OF THE
ACTIVITIES OF THE
FEDERAL BUREAU OF INVESTIGATION
IN THE STATE OF CALIFORNIA
DURING THE YEAR 1964
AND THE RESULTS THEREOF

REPORT OF THE
FEDERAL BUREAU OF INVESTIGATION
ON THE ACTIVITIES OF THE
FEDERAL BUREAU OF INVESTIGATION
IN THE STATE OF CALIFORNIA
DURING THE YEAR 1964
AND THE RESULTS THEREOF

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IN THE STATE OF CALIFORNIA
DURING THE YEAR 1964
AND THE RESULTS THEREOF

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3545

53 3545

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Luther Scott.

2. DATE
OF
DEATH

4-8-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

914 N. Caroline St

CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 10-02

c. Length of stay in Baltimore

40 yrs

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

914 N. Caroline St

5. SEX

Male

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

P.

8. DATE OF BIRTH

5-2-1882

9. AGE (In years
last birthday)

71

H Under 1 Year
Months DaysH Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Louisville Kentucky U.S.A.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Clarence Glascoe 914 N. Caroline St

18. 442x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cardiac De compensation

3 mos.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive C-V. Reveal Dis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/7 1953, to 4/8 1953, that I last saw the
deceased alive on 4/7 1953 and that death occurred at 9:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

J. Preston Grant

M. D.

23B. ADDRESS

601 N. Carrollton

23C. DATE SIGNED

4/9/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-10-53

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Em A. A. Co

24D. LOCATION (City, town, or county) (State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

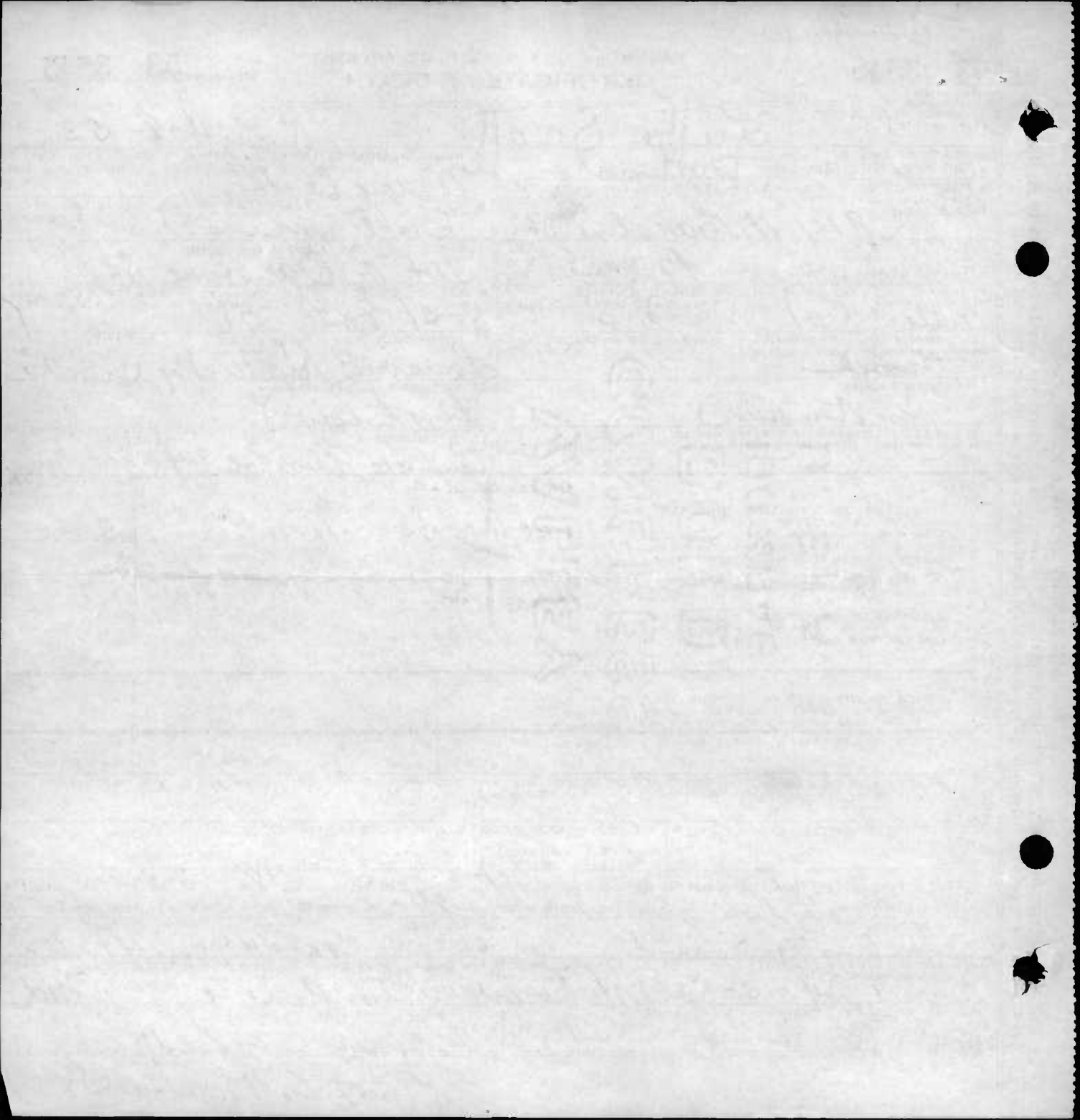
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Rayner Sanders

217 E. Preston St



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3546

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Wilhelmine Stewart

2. DATE
OF
DEATH

4-9-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

5913 Alameda Blvd.

Baltimore

27-38

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

5913 Alameda Blvd.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

May 5, 1890

9. AGE (In years
last birthday)

62

If Under 1 Year
Months: Days

11 4

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

New York, N.Y.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

(UNKNOWN)

14. MOTHER'S MAIDEN NAME

Pauline Schaich

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS Edwin Carl

SAME

18. 175X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Ovarian Carcinoma

DUE TO

8 months

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary edema

19A. DATE OF OPERATION

9/22/52

19B. MAJOR FINDINGS OF OPERATION

Generalized Abdominal Carcinomatosis

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/18, 1952, to 4/9, 1953, that I last saw the
deceased alive on 4/9, 1953, and that death occurred at 9:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Frank K. Morris

M. D.

23B. ADDRESS

11 E. Chase St.

23C. DATE SIGNED

4/9/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-13-53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county)

BALTO

(State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Ruck

ADDRESS

5305 Harford RD

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3547
Registered No.H 232
53 3547
BIRTH NO.

1. NAME OF DECEASED (Type or Print) FRANK J. HEJDUK			2. DATE OF DEATH April 9, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland 419 N. Curley St.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 64 yrs.			D. STREET ADDRESS (If rural, give location) 419 N. Curley St.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 18, 1876		9. AGE (In years last birthday) 76
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10B. KIND OF BUSINESS OR INDUSTRY U.S. Naval Academy	11. BIRTHPLACE (State or foreign country) Czechoslovakia		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME unknown			14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Frank G. Hejduk, son, 29 Leslie Ave.		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 4/9/53
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Ch. Myocarditis		Aug 1 52
(A) DUE TO		
(B) DUE TO Generalized Arterio Sclerosis		Jan 1 52
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 1, 1952 , to April 9, 1953 , that I last saw the deceased alive on April 9, 1953 , and that death occurred at 3A m., from the causes and on the date stated above.					
23A. SIGNATURE William J. Rydman, M.D.		23B. ADDRESS 8014 Kenwood Rd.		23C. DATE SIGNED 4/10/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 11, 1953		24C. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	
24D. LOCATION (City, town, or county) (State) Horner's Lane, Balto. Md.		25. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.			
DATE RECEIVED BY LOCAL REGISTRAR APR 10 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		VS 150	

MARGIN RESERVED FOR BINDING

5-530
53 3548

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3548
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna M. Schmitt

2. DATE
OF
DEATH

April 9, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2122 E. Fayette St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore Md. 6-03

D. STREET ADDRESS (If rural, give location)

2122 E. Fayette St.

C. Length of stay in Baltimore

Life-time

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan. 26, 1867

9. AGE (In years last birthday)

86 y'rs

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At home

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John Zech

14. MOTHER'S MAIDEN NAME

Ottilia Roettinger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

XX

17. INFORMANT

ADDRESS

Miss Ottilia Schmitt 2122 E. Fayette

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Cardiac Dialatation

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST.

(B) Myocarditis, Arterio sclerosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

X X

19A. DATE OF OPERATION

X X

19B. MAJOR FINDINGS OF OPERATION

X X

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 19, 1952 to April 9, 1953, that I last saw the deceased alive on Apr. 8, 1953, and that death occurred at 10:45 m., from the causes and on the date stated above.

23A. SIGNATURE

Benjamin Kadyn

23B. ADDRESS

2306 Eutaw Pl

23C. DATE SIGNED

4-9-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

APR 13 1953

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER CEM

24D. LOCATION (City, town, or county)

4430 BELAIR RD MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Dippel Bros. 1800 E. Lombard St.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

8-27-88

INVESTIGATION REPORT ON THE
MURDER OF MARTIN LUTHER KING, JR.

FILE



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 3549	
1. NAME OF DECEASED (Type or Print) James O. BRADY			2. DATE OF DEATH April 8, 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			d. STREET ADDRESS (If rural, give location) 1519 E. Fairmount Avenue		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec-5-99	9. AGE (In years last birthday) 53	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Skill Laborer			10b. KIND OF BUSINESS OR INDUSTRY General Refractories Co.		11. BIRTHPLACE (State or foreign country) Arrundle Co. Md.
13. FATHER'S NAME James O. Brady			14. MOTHER'S MAIDEN NAME Georgeanna Brady		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Connie Wilson			ADDRESS 104 N. Durham St		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary sclerosis with old myocardial infarction					INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT WHILE <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23a. SIGNATURE <i>R. F. Fisher</i>		23b. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23c. DATE SIGNED April 9, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/11/1953		24c. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
24d. LOCATION (City, town, or county) Brooklyn Md.		24e. DATE RECEIVED BY LOCAL REGISTRAR APR 10 1953		24f. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
24g. FUNERAL DIRECTOR <i>Elmer O. Wilson</i>		24h. ADDRESS <i>1000 Brantly</i>		24i. SIGNATURE <i>ap</i>	

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 10-1-88 BY SP-10 JLM/STW

REASON: 25X(1)

1. ON 10-1-88, THE FOLLOWING INFORMATION WAS OBTAINED FROM THE

FILE OF THE NEW YORK OFFICE OF THE FBI:

RE: JAMES EARL RAY, AKA; ALIASES; ET AL.

RE: MURDER OF MARTIN LUTHER KING, JR., 4/4/68, MEMPHIS, TENN.

RE: CONSPIRACY TO COMMIT MURDER OF MARTIN LUTHER KING, JR., 4/4/68, MEMPHIS, TENN.

RE: OBSTRUCTION OF JUSTICE, 10/1/68, MEMPHIS, TENN.

RE: CONSPIRACY TO OBSTRUCT JUSTICE, 10/1/68, MEMPHIS, TENN.

RE: CONSPIRACY TO COMMIT MURDER OF MARTIN LUTHER KING, JR., 4/4/68, MEMPHIS, TENN.

RE: OBSTRUCTION OF JUSTICE, 10/1/68, MEMPHIS, TENN.

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RE: CONSPIRACY TO COMMIT MURDER OF MARTIN LUTHER KING, JR., 4/4/68, MEMPHIS, TENN.

RE: OBSTRUCTION OF JUSTICE, 10/1/68, MEMPHIS, TENN.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3550
Registered No. _____

H-630
53 3550
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Milton M. Howard			2. DATE OF DEATH April 7, 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md. b. COUNTY Balto.		
b. FULL NAME OF HOSPITAL OR INSTITUTION 918 Monroe St.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 16-04		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			d. STREET ADDRESS (If rural, give location) 918 N. Monroe St.		
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 4, 1900	9. AGE (In years last birthday) 52	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Interior Decorator		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Frank Howard			14. MOTHER'S MAIDEN NAME Jennie ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Dorothy Cook 918 N. Monroe St.		

18. 156. v DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) metastatic carcinoma (liver)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. - primary source unknown		(A) DUE TO	
		(B) DUE TO	not known
		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/25 , 19 53 to 4/7 , 19 53 , that I last saw the deceased alive on 3.29 , 19 53 , and that death occurred at 2.15 m., from the causes and on the date stated above.					
23a. SIGNATURE Rayner Browne, M.D.				23c. DATE SIGNED 4-9-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/11/1953		24c. NAME OF CEMETERY OR CREMATORY W. F. Putnam, Cum Balto.	
24d. LOCATION (City, town, or county) (State) Md.		25. FUNERAL DIRECTOR Mr. Katie R. Williams		ADDRESS 322 N. Schroeder St.	
DATE RECEIVED BY LOCAL REGISTRAR APR 10 1953		REGISTRAR'S SIGNATURE Funtington Williams, M.D.			

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

Blank form with horizontal lines for text entry.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3551

BIRTH NO. 53 3551

1. NAME OF DECEASED (Type or Print) Jennie Curtis			2. DATE OF DEATH April 9, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY Balto.		
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident hospital			C. CITY OR TOWN (If outside corporate limits write RURAL and give township) Balto.		
c. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 654 W. Mulberry st		
5. SEX Female	6. COLOR OR RACE ed	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 26, 1895	9. AGE (In years last birthday) 58 yrs	10 Under 1 Year Months: Days 11 Under 24 Hours Hours: Mins.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME George W. Benson			14. MOTHER'S MAIDEN NAME Lidia Fisher		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT Walter Curtis ADDRESS 654 W. Mulberry St		

18. **022X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Atelectasis posterior right base**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Aneurysm of the aortic arch**

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Feb. 13, 1953** to **April 9, 1953** that I last saw the deceased alive on **April 9, 1953**, and that death occurred at **5:20 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH

STATE OF NEW YORK

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Occupation		7. Cause of Death		8. Manner of Death	
9. Signature of Physician		10. Signature of Coroner		11. Signature of Registrar		12. Signature of Informant	
13. Date of Burial		14. Place of Burial		15. Name of Burial Place		16. Name of Minister	
17. Name of Undertaker		18. Name of Funeral Home		19. Name of Cemetery		20. Name of Church	
21. Name of Pastor		22. Name of Minister		23. Name of Minister		24. Name of Minister	
25. Name of Minister		26. Name of Minister		27. Name of Minister		28. Name of Minister	
29. Name of Minister		30. Name of Minister		31. Name of Minister		32. Name of Minister	
33. Name of Minister		34. Name of Minister		35. Name of Minister		36. Name of Minister	
37. Name of Minister		38. Name of Minister		39. Name of Minister		40. Name of Minister	
41. Name of Minister		42. Name of Minister		43. Name of Minister		44. Name of Minister	
45. Name of Minister		46. Name of Minister		47. Name of Minister		48. Name of Minister	
49. Name of Minister		50. Name of Minister		51. Name of Minister		52. Name of Minister	
53. Name of Minister		54. Name of Minister		55. Name of Minister		56. Name of Minister	
57. Name of Minister		58. Name of Minister		59. Name of Minister		60. Name of Minister	
61. Name of Minister		62. Name of Minister		63. Name of Minister		64. Name of Minister	
65. Name of Minister		66. Name of Minister		67. Name of Minister		68. Name of Minister	
69. Name of Minister		70. Name of Minister		71. Name of Minister		72. Name of Minister	
73. Name of Minister		74. Name of Minister		75. Name of Minister		76. Name of Minister	
77. Name of Minister		78. Name of Minister		79. Name of Minister		80. Name of Minister	
81. Name of Minister		82. Name of Minister		83. Name of Minister		84. Name of Minister	
85. Name of Minister		86. Name of Minister		87. Name of Minister		88. Name of Minister	
89. Name of Minister		90. Name of Minister		91. Name of Minister		92. Name of Minister	
93. Name of Minister		94. Name of Minister		95. Name of Minister		96. Name of Minister	
97. Name of Minister		98. Name of Minister		99. Name of Minister		100. Name of Minister	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3552**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Clotee Wilson

2. DATE
OF
DEATH

4-8-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN

(If outside corporate limits, give RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1024 W. Saratoga St.

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

Under 1 Year
Months: Days

Under 24 Hours
Hours: Min.

Female colored

MARRIED

April 4 1911

42 yrs

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

Domestic

Maryhill N.C.

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Alfred Robbins

Emmaline Coe Field

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

No

Samuel Wilson 1024 W. Saratoga St.

18.

171X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) *Cancer of the Cervix*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) *Uremia*

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from *4-5*, 1952, to *4-8*, 1953, that I last saw the
deceased alive on *4-8*, 1953, and that death occurred at *1:30 A.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Virginia Hunter M.D.

University Hospital

4-8-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Mt. Auburn Cem.

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams

Mrs. Katie R. Williams

Schroeder St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 3553BIRTH NO. 326
35531. NAME OF DECEASED
(Type or Print)ANNA (ANNIE) C. STECKER2. DATE
OF
DEATHApril 8, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)MD.7-02B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION2615 E. MONUMENT ST.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)BALTIMORE

D. STREET ADDRESS (if rural, give location)

2615 E. MONUMENT ST.

c. Length of stay in Baltimore

73—Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)SINGLE

8. DATE OF BIRTH

Dec. 5, 18799. AGE (in years
last birthday)7310. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Sewing Machine Operator10B. KIND OF BUSINESS OR
INDUSTRYMARLBORO SHIRT Co.

11. BIRTHPLACE (State or foreign country)

MD.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

FREDERICK STECKER

14. MOTHER'S MAIDEN NAME

MARY BERLAU15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)NO16. SOCIAL
SECURITY NO.314-03-2902

17. INFORMANT

ADDRESS

George H. STECKER 2615 E. MONUMENT ST.18. 332X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral ThrombosisINTERVAL BETWEEN
ONSET AND DEATH2 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerosis -
generalized

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 18, 1953 to 4/8, 1953, that I last saw the
deceased alive on 4/8, 1953, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Loris F. Rhines

M. D.

23B. ADDRESS

2623 E. Monument St.

23C. DATE SIGNED

4/10/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)BURIAL

24B. DATE

4-11-1953

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE

24D. LOCATION (City, town, or county)

BALTIMORE

(State)

MD.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Howard Strong 3207 W. NORTH AVE.

8333

CERTIFICATE OF DEATH

Name of Deceased		Sex		Age		Date of Birth		Place of Birth	
Cause of Death		Manner of Death		Occupation		Education		Religion	
Date of Death		Time of Death		Place of Death		Physician		Hospital	

Signature of Physician		Signature of Registrar		Signature of Coroner		Signature of Medical Examiner		Signature of Funeral Home	
Date of Signature		Date of Signature		Date of Signature		Date of Signature		Date of Signature	
Printed Name of Physician		Printed Name of Registrar		Printed Name of Coroner		Printed Name of Medical Examiner		Printed Name of Funeral Home	
Address of Physician		Address of Registrar		Address of Coroner		Address of Medical Examiner		Address of Funeral Home	
City of Physician		City of Registrar		City of Coroner		City of Medical Examiner		City of Funeral Home	
State of Physician		State of Registrar		State of Coroner		State of Medical Examiner		State of Funeral Home	
County of Physician		County of Registrar		County of Coroner		County of Medical Examiner		County of Funeral Home	
Zip of Physician		Zip of Registrar		Zip of Coroner		Zip of Medical Examiner		Zip of Funeral Home	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3554

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) Mrs. Loretta Eckert

2. DATE OF DEATH April 9, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md B. COUNTY BALTO

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
St. Joseph's Hospital
1400 N. Caroline St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
DUNDALK 22

c. Length of stay in Baltimore 3 Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
8248 Cornwall Rd. #22 5353

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Sep.

8. DATE OF BIRTH AUG 14, 1900

9. AGE (In years last birthday) 52

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
COOK

10B. KIND OF BUSINESS OR INDUSTRY
RESTAURANT

11. BIRTHPLACE (State or foreign country)
Penna.

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME

UNK

14. MOTHER'S MAIDEN NAME

MARY -UNK-

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO

16. SOCIAL SECURITY NO. NONE

17. INFORMANT ADDRESS
WM. R. ECKERT - SAME

18. 260X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Nephritis

DUE TO

Diabetes Mellitus

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ No ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 21, 1953 to April 9, 1953, that I last saw the deceased alive on April 9, 1953, and that death occurred at 11:10 PM, from the causes and on the date stated above.

23A. SIGNATURE

D. Cassinelli

M. D.

23B. ADDRESS

1400 N. Caroline St.

23C. DATE SIGNED

April 9, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24B. DATE

4-14-53

24C. NAME OF CEMETERY OR CREMATORY

CALVARY

24D. LOCATION (City, town, or county) (State)

PITTSBURG, PENNA

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. 1400 N. Caroline St. 144

25. FUNERAL DIRECTOR

ADDRESS

VS 150

754 6M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF TEXAS
COUNTY OF DALLAS

IN SENATE,
January 1, 1901.

REPORT OF THE
COMMISSIONER OF THE
LAND OFFICE.

FOR THE YEAR 1900.

ALBINO S. BROWN, COMMISSIONER.

RECEIVED JANUARY 1, 1901.

BY THE CLERK OF THE SENATE.

AT THE CITY OF DALLAS.

THE CLERK OF THE SENATE.

AT THE CITY OF DALLAS.

THE CLERK OF THE SENATE.

AT THE CITY OF DALLAS.

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AT THE CITY OF DALLAS.

THE CLERK OF THE SENATE.

AT THE CITY OF DALLAS.

THE CLERK OF THE SENATE.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 3555	
1. NAME OF DECEASED (Type or Print) MALCOLM STEWART				2. DATE OF DEATH March 26, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Scotland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Morgue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 24-02		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH January 1, 1892	9. AGE (In years last birthday) 61	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Breaser			10B. KIND OF BUSINESS OR INDUSTRY Steamship		
11. BIRTHPLACE (State or foreign country) Scotland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME UNKNOWN			14. MOTHER'S MAIDEN NAME UNKNOWN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT British Consul			ADDRESS		
18. E929.8 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Drowning DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH Drowning DUE TO INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB. UTING <input type="checkbox"/> CAUSE OF DEATH.			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Harbor		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Foot of 1000 block of Key Highway			21D. TIME (Month) (Day) (Year) (Hour) Found: 3/26/53 8:00 A. m.		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21F. HOW DID INJURY OCCUR? Found drowned		
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input checked="" type="checkbox"/> .					
23A. SIGNATURE William J. L...			23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M. D. March 26, 1953		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 4-11-53		
24C. NAME OF CEMETERY OR CREMATORY Lorraine Cem			24D. LOCATION (City, town, or county) (State) Balto. MD		
DATE RECEIVED BY LOCAL REGISTRAR 1953			25. FUNERAL DIRECTOR William Cook Inc. - 1217 St. Paul		
REGISTRAR'S SIGNATURE Huntington Williams, M.D.			ADDRESS		
VS 151 N990X			66255		

1000

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 3556		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No 53 3556	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
Alberta Davis			April 10, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			A. STATE Md., B. COUNTY		
C. Length of stay in Baltimore 10 yrs			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-02		
5. SEX Female			6. COLOR OR RACE Colored		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated			8. DATE OF BIRTH 19 16 37		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife			11. BIRTHPLACE (State or foreign country) N.C.		
13. FATHER'S NAME Callie Leak			14. MOTHER'S MAIDEN NAME Sarah Baldwin N.C.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT JOHNS HOPKINS HOSPITAL			ADDRESS		
18. 624X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ACUTE BASTIC DILATATION ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT. Bilateral Total Aortic Aneurysm			CAUSE OF DEATH (A) Acute BASTIC DILATATION (B) Generalized Peritonitis (C) Ruptured Total Aortic Aneurysm INTERVAL BETWEEN ONSET AND DEATH 5 hrs. 5 days 5 days unknown		
19A. DATE OF OPERATION April 5, 1953		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Ruptured Total Aortic Aneurysm		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-5, 1953, to 4-10, 1953, that I last saw the deceased alive on 4-10, 1953, and that death occurred at 2:55 A.M., from the causes and on the date stated above.					
23A. SIGNATURE Ernest F. Latham			23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED April 10, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-15-53		24C. NAME OF CEMETERY OR CREMATORY Spring Hall Cem	
24D. LOCATION (City, town, or county) (State) N.C.		24E. LOCATION (City, town, or county) (State) N.C.		24F. LOCATION (City, town, or county) (State) N.C.	
DATE RECEIVED BY LOCAL REGISTRAR APR 11 1953		REGISTRAR'S SIGNATURE Thurston Williams, M.D.		25. FUNERAL DIRECTOR A. Jackson 916 Penna. Ave.	

5230

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

3750

NAME OF DECEASED <i>John A. Smith</i>		AGE <i>45</i>	SEX <i>M</i>	RACE <i>W</i>	DATE OF BIRTH <i>10/15/1905</i>	PLACE OF BIRTH <i>St. Louis, Mo.</i>
RESIDENCE <i>1234 N. Broadway</i>		OCCUPATION <i>Engineer</i>		CAUSE OF DEATH <i>Myocardial Infarction</i>		
DATE OF DEATH <i>11/10/1950</i>		PLACE OF DEATH <i>Home</i>		MANNER OF DEATH <i>Natural</i>		
SIGNATURE OF DECEASED <i>John A. Smith</i>		SIGNATURE OF WITNESS <i>John A. Smith</i>		SIGNATURE OF PHYSICIAN <i>John A. Smith</i>		
SIGNATURE OF REGISTRAR <i>John A. Smith</i>		SIGNATURE OF CLERK <i>John A. Smith</i>		SIGNATURE OF JUDGE <i>John A. Smith</i>		

General J. Patton

B-600
53 3557BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3557
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CASPER J. BEHR SR

2. DATE
OF DEATH April 9, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

432 Annabel Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

432 Annabel Avenue

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JAN 3, 1886

9. AGE (in years
last birthday)

67

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RETIRED MECHANIC

10B. KIND OF BUSINESS OR
INDUSTRY

WOODWORKING CO

11. BIRTHPLACE (State or foreign country)

BALTO., MD

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

CASPAR BEHR

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

FRANCES EMGE BEHR 432 ANNABELLE

18. 422.1 and 223X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Cerebellar hemangioblastoma-recurrent

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. J. Fisher

23B. CHIEF MEDICAL EXAMINER.....
M.D. ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
April 10, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)DATE RECEIVED BY
LOCAL REGISTRAR

24B. DATE

APRIL 13, 1953

24C. NAME OF CEMETERY OR CREMATORY

HOLY CROSS CEM.

24D. LOCATION (City, town, or county)

ANNE ARUNDEL CO., MD

25. FUNERAL DIRECTOR

ADDRESS

GEORGE J. GONCE 4801 R. T. 1015

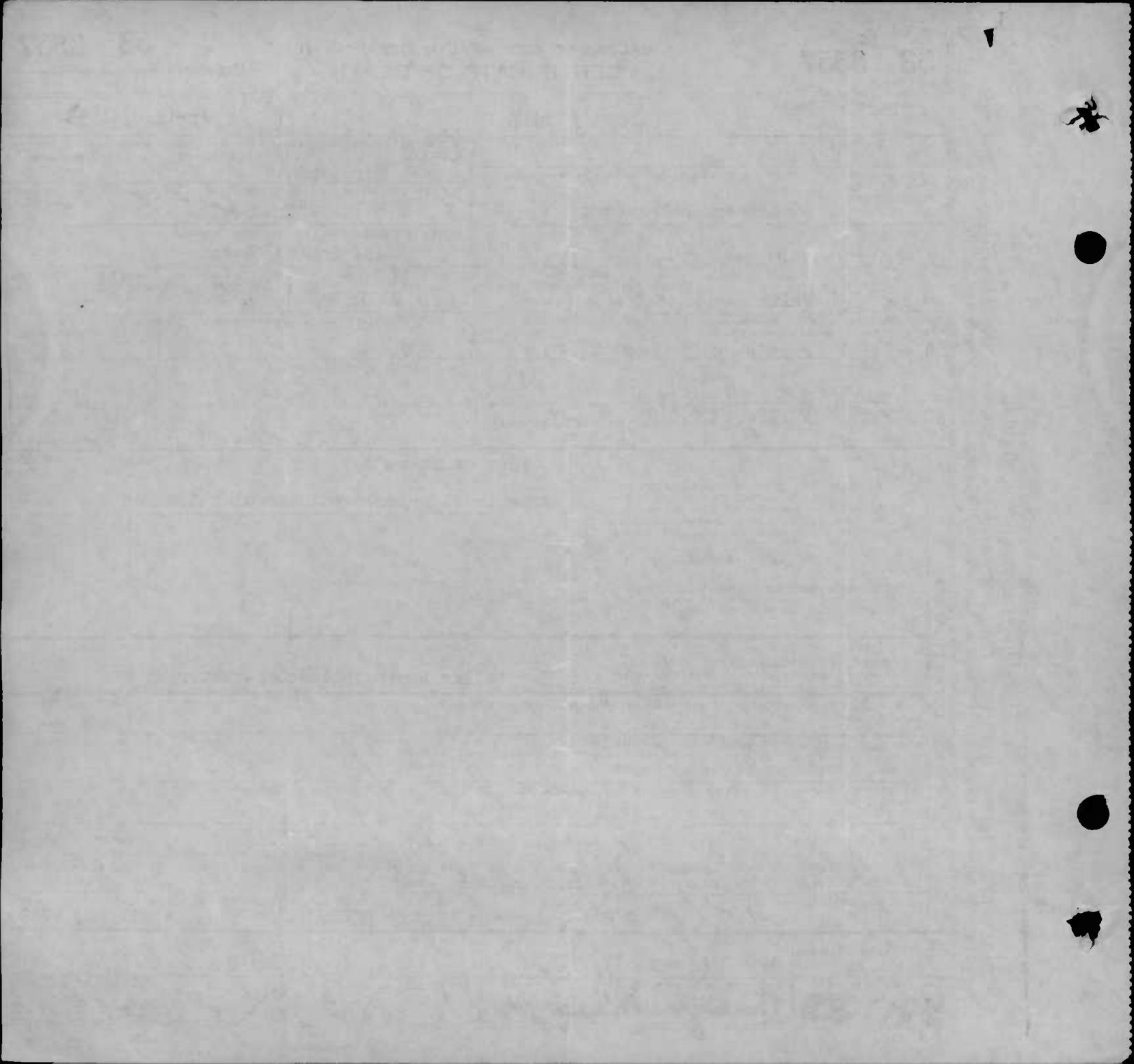
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3558**

53 3558

1. NAME OF DECEASED (Type or Print) BLANCHE A. ENGLE			2. DATE OF DEATH 4-10-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 28-04		
B. FULL NAME OF HOSPITAL OR INSTITUTION 4601 Franklinton Road			C. CITY OR TOWN Baltimore 29		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 4601 Franklinton Road		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-5-1896		9. AGE (In years last birthday) 56
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) West Virginia		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 215-12-1441	17. INFORMANT ADDRESS John Engle, 4601 Franklinton Rd. Balto.		
18. 42011 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cornary Sclerosis DUE TO Hypertensive Arterio Sclerosis ANTECEDENT CAUSES Vascular Renal Disease DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Diabetes			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1948 to April 10, 1953 , that I last saw the deceased alive on April 10, 1953 and that death occurred at 3:45 Pm. , from the causes and on the date stated above.					
23A. SIGNATURE Wm. Paul Byrnes		23B. ADDRESS 3033 W. North St.		23C. DATE SIGNED 4/11/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 4/14/53		24C. NAME OF CEMETERY OR CREMATORY GOOD SHEPHERD	
24D. LOCATION (City, town, or county) (State) ELLICOTT CITY MD.		25. FUNERAL DIRECTOR F.C. HIGGINS		ADDRESS IN BOTH OLY, ELLICOTT CITY MD.	
DATE RECEIVED BY LOCAL REGISTRAR APR 11 1953		REGISTRAR'S SIGNATURE Thurston Williams, M.D.			

VS 150

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10-10-1952

CERTIFICATE OF DEATH

10-10-1952

10-10-1952

10-10-1952

10-10-1952

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OCT 11 1952

M-620

53 3559

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3559

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>George W. Morris Jr.</i>		2. DATE OF DEATH <i>4-9-1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1920 E. Eager St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 7-04</i>	
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1920 E. Eager St.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Separated</i>	8. DATE OF BIRTH <i>12-6-1878</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Paint Mixer</i>		11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>	
10B. KIND OF BUSINESS OR INDUSTRY <i>Craiber Bros.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>George Morris Sr</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>217-0588-15A</i>	
17. INFORMANT <i>Irene Ford</i>		ADDRESS <i>919 Rutland Ave.</i>	
18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 hrs</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertensive Cardiovascular Disease</i>		<i>1 yr.</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>3-25</i> , 19 <i>53</i> to <i>4-9</i> , 19 <i>53</i> that I last saw the deceased alive on <i>4-9</i> , 19 <i>53</i> , and that death occurred at <i>9:00</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Jonathan Phelps</i>		23B. ADDRESS <i>558 McManis St</i>	
23C. DATE SIGNED <i>4/11/53</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4-11-1953</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Mount Auburn</i>		24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>11-1-53</i>		25. FUNERAL DIRECTOR <i>William H. Randolph</i>	
REGISTRAR'S SIGNATURE <i>William H. Randolph</i>		ADDRESS <i>1412 E. Preston St.</i>	

VS 150

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CERTIFICATE OF DEATH

State of New York

County of _____

City of _____

On this _____ day of _____

53 3560
 PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-523

 3560
 BIRTH NO.

 BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

Registered No. 53 3560

1. NAME OF DECEASED (Type or Print) MARIE PINKETT			2. DATE OF DEATH April 9, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 909 W. Franklin Street		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 25, 1904		9. AGE (In years last birthday) 48
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) North Carolina
13. FATHER'S NAME John Martin			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Minnie Robinson
17. INFORMANT Mr. Wm. Pinkett			ADDRESS 909 W. Franklin St		
18. 416X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial insufficiency DUE TO rheumatic heart disease					INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>R. B. Fisher</i>			23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED April 9, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4-12-53	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 11 1953	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>McGraw-Hill</i>		ADDRESS <i>5784</i>

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

1922

1922



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

APPROVED BY MEDICAL EXAMINER				BALTIMORE CITY HEALTH DEPARTMENT		53 3561		Registered No. 53 3561	
BIRTH NO.				1. NAME OF DECEASED		2. DATE OF DEATH			
				Carmody, Daisy Louise		April 10, 1953			
3. PLACE OF DEATH:				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
A. Baltimore City, Maryland				A. STATE		B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION				C. CITY OR TOWN		D. STREET ADDRESS			
St. Joseph's Hospital				Maryland		Baltimore		20-08	
c. Length of stay in Baltimore				50 years		4210 Connecticut Avenue			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)	
Female		White		Widowed		1872		80	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
N.W.				Own Home		Louisiana			
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME					
Grace				Unknown					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)				16. SOCIAL SECURITY NO.		17. INFORMANT		ADDRESS	
						Kenneth Carmody		917 Adams Rd	
18. 465X and E904.0				CAUSE OF DEATH		Zone 8		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				(A) Pulmonary embolism					
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				DUE TO					
ANTECEDENT CAUSES				(B)					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				DUE TO					
				(C)					
II				Comminuted intertrochanteric fracture, rt. femur					
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
0						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR?		21D. TIME (Month) (Day) (Year) OF INJURY		21E. INJURY OCCURRED	
		home		4210 Connecticut Avenue		February 16, 1953		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
				Fell at home					
22. I hereby certify that I attended the deceased from February 16, 1953, to April 10, 1953 that I last saw the deceased alive on April 10, 1953. and that death occurred at 8:25 am., from the causes and on the date stated above.				23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
J. M. Ryan		M. D.		1100 N. Caroline Street		April 10, 1953			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)			
Burial		Apr. 13/53		New Cathedral		Baltimore, Md.			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS			
Huntington Williams, M.D.		Harry H. Lutzke		4101 Edmondson Ave					
VS 150		N 821.1							

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

PLANT INDUSTRY

1917-1918

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3562

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

REV. CHARLES J. DENECKE

2. DATE
OF
DEATH

April 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MD.

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

MERCY HOSP.

C. CITY OR TOWN

WOODSTOCK

(If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

5200

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

9/25/07

9. AGE (in years
last birthday)

45

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

R. Priest

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Buffalo, New York

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Otto Denecke

14. MOTHER'S MAIDEN NAME

Rose Gilmore

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital records

18.

204.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Chronic lymphatic leukemia

INTERVAL BETWEEN
ONSET AND DEATH

2 1/2 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1953, to April 10, 1953, that I last saw the
deceased alive on April 10, 1953 and that death occurred at 3:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

R. Meddler

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

April 10, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Apr. 13, 1953

24C. NAME OF CEMETERY OR CREMATORY

Woodstock College

24D. LOCATION (City, town, or county)

Woodstock, Maryland.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. N. Meadows & Son 805 N. Calvert St.

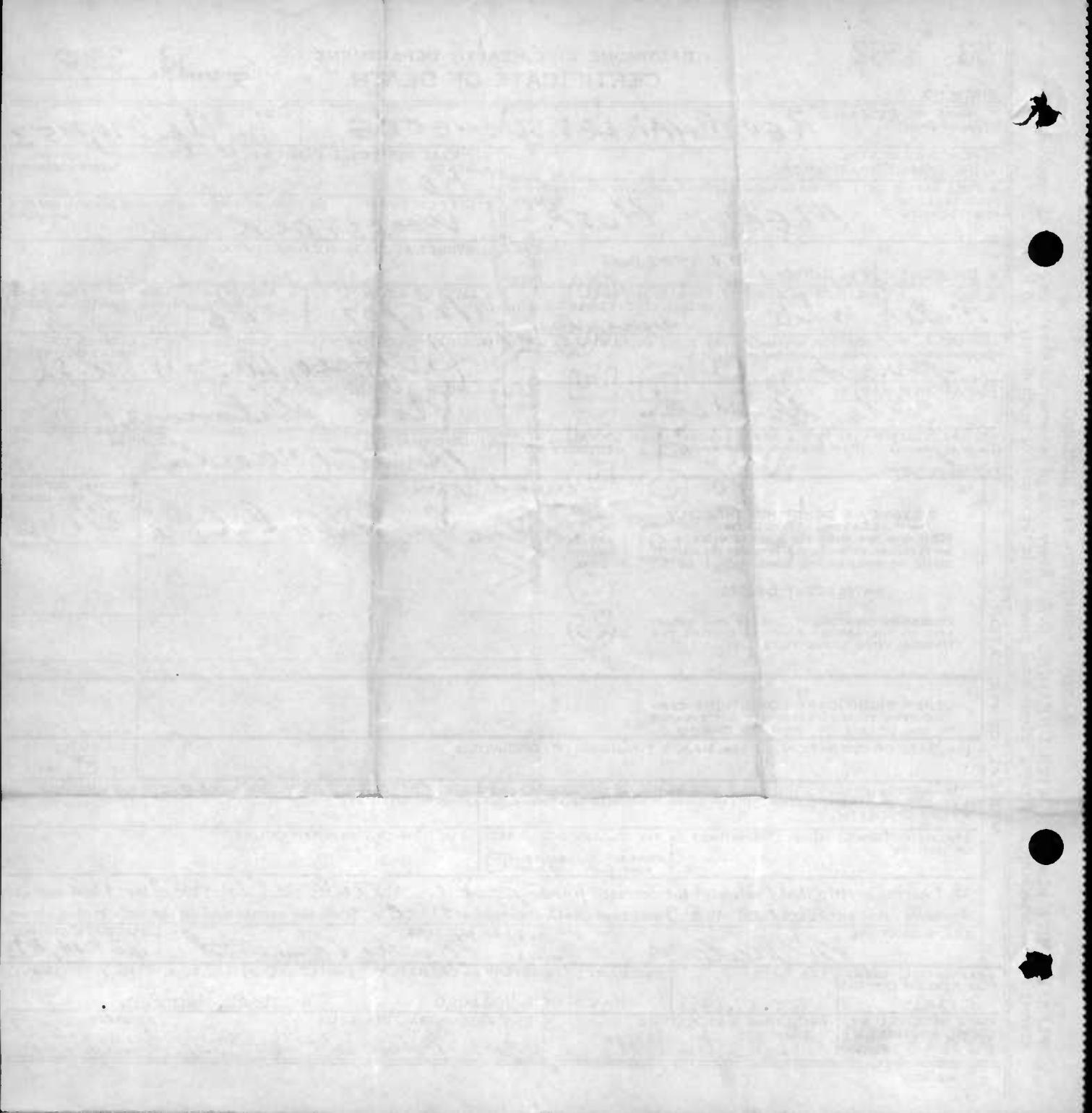
ADDRESS

VS 150

009FW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct address is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Baltimore City Health Department CERTIFICATE OF DEATH				Registered No. 53 3563	
BIRTH NO. 53 3563					
1. NAME OF DECEASED (Type or Print) <i>Mary Helwig</i>			2. DATE OF DEATH <i>4/10/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (if not in hospital or institution, give street address or location) <i>Lutheran Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>507 Poplar Grove St</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>July 2-1888</i>	9. AGE (in years last birthday) <i>64</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Domestic</i>		11. BIRTHPLACE (State or foreign country) <i>Ind.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			13. FATHER'S NAME <i>Edward W. Salmon</i>		
14. MOTHER'S MAIDEN NAME <i>Mary E. Brown</i>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		
16. SOCIAL SECURITY NO. <i>none</i>			17. INFORMANT <i>Charles Helwig</i>		
18. <i>451x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Refract of Descending thoracic aorta with Atherosclerosis</i>			INTERVAL BETWEEN ONSET AND DEATH		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Temporade</i>					
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <i>Autopsy</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William W. [Signature]</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <i>4/10/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>April 14 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Louis Cathedral</i>	
24D. LOCATION (City, town or county) (State) <i>Balto. Ind.</i>		25. FUNERAL DIRECTOR <i>George L. Schwab</i>		ADDRESS <i>2101 Endicott Ave</i>	

8403

8403

K-625
53 3564BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3564

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Daniel Kerrigan</i>		2. DATE OF DEATH <i>April 9 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>616 E Biddle St</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>616 E Biddle St</i>		C. CITY OR TOWN (If outside corporate limits, write FULL and give township) <i>Baltimore 10-01</i>			
c. Length of stay in Baltimore <i>46 2</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>616 E. Biddle St.</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>Feb 8, 1886</i>	9. AGE (In years last birthday) <i>67</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Watchman</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Norfolk Steamship</i>		11. BIRTHPLACE (State or foreign country) <i>Ireland</i>	
13. FATHER'S NAME <i>Thomas Kerrigan</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mrs Margaret M Kerrigan</i>	
18. <i>581.0</i>		CAUSE OF DEATH <i>Cirrhosis of liver</i>		ADDRESS <i>616 E Biddle</i>	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>7</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		(C)			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>April 9, 1953</i> , to <i>April 9, 1953</i> , that I last saw the deceased alive on <i>April 9, 1953</i> and that death occurred at <i>7:05 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Dr. T. L. Lewis</i>		23B. ADDRESS <i>1844 W. North Ave</i>		23C. DATE SIGNED <i>April 10-1953</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>April 9, 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Maryland</i>		24E. NAME OF FUNERAL DIRECTOR <i>Wm. H. Conklin</i>		24F. ADDRESS <i>5444 Belair Rd.</i>	

Dr Lavery 18 44 W. North Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. <u>53 3565</u>	
BIRTH NO. <u>53 3565</u> <u>48-18370</u>		1. NAME OF DECEASED (Type or Print) WALTER KRUG		2. DATE OF DEATH April 10, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hosp.		D. STREET ADDRESS (If rural, give location) 2123 Annapolis Road		E. AGE (in years last birthday) 4 yrs.	
c. Length of stay in Baltimore Life		8. DATE OF BIRTH June 28, 1948		9. AGE (in years last birthday) 4 yrs.	
5. SEX male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Child.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child.		11. BIRTHPLACE (State or foreign country) Balto. Md.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child.		10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Walter C. Krug Sr.		14. MOTHER'S MAIDEN NAME Pearl B. Bradley.		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Walter C. Krug Sr		ADDRESS 2123 Annapolis Rd.	
18. E929.8 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Drowning		CAUSE OF DEATH (A) Drowning DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) bridge		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) "Three cent bridge"-Annapolis Road	
21D. TIME (Month) (Day) (Year) (Hour) April 10, 1953		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? playing on bridge, accidentally fell off into water	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		23A. SIGNATURE <i>R. H. Fisher</i> M.D.		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> 23C. DATE SIGNED April 10, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 13, 1953		24C. NAME OF CEMETERY OR CREMATORY Green Lawn	
24D. LOCATION (City, town, or county) (State) a. a. 60		24E. FUNERAL DIRECTOR A. J. Howard		24F. ADDRESS 1400 16th Ave	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR A. J. Howard	
VS 151 990x					

1952-53

CERTIFICATE OF DEATH

00 5555

1952-53

1952-53

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1952-53

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3566

540
53 3566

1. NAME OF DECEASED (Type or Print) **MR. James John Kneil**

2. DATE OF DEATH **4-10-53**

3. PLACE OF DEATH:
A. Baltimore City, Maryland **Union Memorial Hospital**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **MD** B. COUNTY **Baltimore**

5. FULL NAME OF HOSPITAL OR INSTITUTION **Union Memorial Hospital**

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore, Md. 27-05**

7. STREET ADDRESS (If rural, give location) **6015 Glen Oak Ave.**

8. Length of stay in Baltimore **44** Yrs. Mos. Days

9. SEX **Male** 10. COLOR OR RACE **White** 11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Single**

12. DATE OF BIRTH **April 7, 1896** 13. AGE (In years last birthday) **57** 14. Under 1 Year Months: Days 15. Under 24 Hours Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Book Keeper** 17. KIND OF BUSINESS OR INDUSTRY **Book Keeper**

18. BIRTHPLACE (State or foreign country) **Baltimore, Md** 19. CITIZEN OF WHAT COUNTRY? **U.S.**

20. FATHER'S NAME **John A. Kneil** 21. MOTHER'S MAIDEN NAME **Anna Saffran**

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **No** 23. SOCIAL SECURITY NO. **219-05-6346** 24. INFORMANT **Miss Katherine H. Kneil** ADDRESS **(Same)**

18. **420.1** CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Myocardial infarction** DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Arteriosclerotic coronary artery occlusion** DUE TO

(C) **Generalized arteriosclerosis**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH **1 week**

19A. DATE OF OPERATION **4-13-53** 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April 7, 1953**, to **April 10, 1953**, that I last saw the deceased alive on **April 10, 1953**, and that death occurred at **12:10** m., from the causes and on the date stated above.

23A. SIGNATURE **B. P. Brich** M. D. 23B. ADDRESS **Union Memorial** 23C. DATE SIGNED **4-10-53**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **4-13-53** 24C. NAME OF CEMETERY OR CREMATORY **New Cathedral** 24D. LOCATION (City, town, or county) (State) **BALTO Md.**

DATE RECEIVED BY LOCAL REGISTRAR **APR 11 1953** REGISTRAR'S SIGNATURE **H. H. Williams, M.D.** 25. FUNERAL DIRECTOR **Leonard J. Ruck** ADDRESS **5305 Bayford**

CERTIFICATE OF DEATH

STATE OF NEW YORK

EX-100-1

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 53 3567

BIRTH NO. 53 3567

1. NAME OF DECEASED (Type or Print) August H. Ritmiller			2. DATE OF DEATH April 9, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3412 Harford Road			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3412 Harford Road		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 6, 1866		9. AGE (In years last birthday) 86
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired, Morgue Keeper			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
13. FATHER'S NAME George Ritmiller			14. MOTHER'S MAIDEN NAME Rosina ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Julia E. Ritmiller, 3412 Harford		

<p>18. 420.1</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p align="center">ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p>	<p align="center">CAUSE OF DEATH</p> <p>(A) Coronary occlusions</p> <p align="center">DUE TO</p> <p>(B) Generalized Arteriosclerosis</p> <p align="center">DUE TO</p> <p>(C) anemia</p>	<p>INTERVAL BETWEEN ONSET AND DEATH 18 hr.</p>
	<p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	
	<p>19A. DATE OF OPERATION 9 19B. MAJOR FINDINGS OF OPERATION</p>	

20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1942, to April 8, 1953, that I last saw the deceased alive on April 8, 1953, and that death occurred at 12:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE <i>Theodore J. Grossman</i> M. D.	23B. ADDRESS <i>2802 Harford Rd</i>	23C. DATE SIGNED <i>4/10/53</i>
---	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4-13-53	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
--	-----------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR APR 11 1953	REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Leonard J. Ruek</i>	ADDRESS 5305 Harford Road.
--	---	--	--------------------------------------

Dr. C. Razlano
2802 Harford Road

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3588
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KENNETH S. KURTZ

2. DATE
OF
DEATH

APR 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY

Baltimore City, Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION

Mercy Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 14-01

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1505 Bolton St.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Oct 10, 1900

9. AGE (In years last birthday)

5-2

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Insurance Mgr.

10B. KIND OF BUSINESS OR INDUSTRY

Oil

11. BIRTHPLACE (State or foreign country)

Penna

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John Kurtz

14. MOTHER'S MAIDEN NAME

Linnie Sheuman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

Hospital records

ADDRESS

18. 443X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

Cerebral hemorrhage
Hypertensive Cardid-vascular disease

INTERVAL BETWEEN ONSET AND DEATH

9 hrs.

DUE TO

DUE TO

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

no

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 PM until 11:30 PM, 1953 that I last saw the deceased alive on April 10, 1953 and that death occurred at 11:30 PM from the causes and on the date stated above.

23A. SIGNATURE

R. H. K. K. K.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

4/13/53

24C. NAME OF CEMETERY OR CREMATORY

Norland Cem.

24D. LOCATION (City, town, or county)

Chambersburg, Pa.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

29066

Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MASSACHUSETTS DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Physician	
10. Signature of Registrar		11. Date of Registration		12. Office of Registrar	

K. 460
CERTIFICATE CORRECTED 4-22-53

53 3569

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3569
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ESTELLA MARY KOHLER

2. DATE
OF
DEATH

April 9, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

810 Woodington Rd.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

810 Woodington Rd.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Dec. 29, 1879

9. AGE (In years
last birthday)

73

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John D. Osing

14. MOTHER'S MAIDEN NAME

Mary Hamke

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none 212-01-2373

17. INFORMANT

ADDRESS

Mrs. Theodore Zies - 810 Woodington Rd

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

Arteriosclerotic cardio vascular

(A)

disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 23, 1944 to Apr. 9, 1953, that I last saw the
deceased alive on Apr. 7, 1953, and that death occurred at 8:00 P. m., from the causes and on the date stated above.

23A. SIGNATURE

George H. Frupp

M. O.

23B. ADDRESS

4116 Edmondson Avenue

23C. DATE SIGNED

Apr. 10, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/13/53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. F. Schenker & Sons

Balto. 17, Md.

CERTIFICATE OF DEATH
BALDWIN CITY, MISSOURI

DECEASED

DATE

PLACE OF BIRTH
PLACE OF DEATH
PLACE OF INTERMENT

CAUSE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 3570				BIRTH NO.			
1. NAME OF DECEASED (Type or Print)				RUTH BRANDY STORMA			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore				O. STREET ADDRESS (If rural, give location) 730 E. 37th Street			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 8, 1913		9. AGE (in years last birthday) 40-46		11. BIRTHPLACE (State or foreign country) Maryland
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) secretary			10B. KIND OF BUSINESS OR INDUSTRY Gas & Electric Co.		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Frank A. Brandy				14. MOTHER'S MAIDEN NAME Margaret Gross			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 212-05-7202		17. INFORMANT Mr. Edward M. Storma - 730 E. 37th St.		ADDRESS	
18. 223 X and E 954.7 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				CAUSE OF DEATH (A) Massive hemothorax DUE TO Cardiac arrest during induction of anesthesia (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION April 9, 1953		19B. MAJOR FINDINGS OF OPERATION Induction of anesthesia				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) hospital		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) University Hospital			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY April 9, 1953		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Syncope following intubation for anesthesia under pentothal			
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
23A. SIGNATURE R. Fisher				23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED April 10, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/13/53		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 12 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR E. M. J. Pickering, Sr.		ADDRESS Balto 17. Md.	

1850

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3571

BIRTH NO. 53-07230

1. NAME OF DECEASED
(Type or Print)

DOOLEY, BABY BOY B

2. DATE

OF DEATH 3-30-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

SOUTH BALTIMORE GENERAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

760.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) PREMATURE BIRTH MALE CHILD,

DUE TO NEONATAL DEATH-DUE TO POSSIBLE INTRACRANIAL

(B) HEMORRHAGE

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-26, 1953 to 3-30, 1953 that I last saw the deceased alive on 3-30, 1953 and that death occurred at 11:58 A.M., from the causes and on the date stated above.

23A. SIGNATURE

W. M. Conway

23B. ADDRESS

South Baltimore Coal Hosp.

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

11-15-45

ALABAMA POST OFFICE

21

[Faint, mostly illegible text covering the body of the document, possibly a letter or form. The text is mirrored across the page, suggesting a bleed-through from the reverse side.]

53 3572
BIRTH NO. 53-05189BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3572
Registered No.

1. NAME OF DECEASED (Type or Print) MICHAEL LLOYD COFFMAN			2. DATE OF DEATH March 6" 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore		
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hospital for Women of Maryland			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore - 4-		
c. Length of stay in Baltimore Yrs. 6 Mos. 6 Days			d. STREET ADDRESS (If rural, give location) 4205 Hilltop Road 5300		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) -	8. DATE OF BIRTH March 1" 1953		9. AGE (in years last birthday) 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Baltimore - Maryland	
13. FATHER'S NAME Raymond William Coffman			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) -			16. SOCIAL SECURITY NO. -		
17. INFORMANT Marie Parker Shipley			ADDRESS -		

18. 763.5		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 5 days
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Broncho pneumonia		
ANTECEDENT CAUSES		(B) Premature onset labor due to causes		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Prematurity 32 wks		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.				

19a. DATE OF OPERATION 2		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 3-1 , 19 53 , to 3-6 , 19 53 that I last saw the deceased alive on 3-6 , 19 53 , and that death occurred at 1:55 P.m. , from the causes and on the date stated above.				
23a. SIGNATURE Harry W. Grace		23b. ADDRESS Hospital for Women of Baltimore		23c. DATE SIGNED APR 8 1953
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL		
DATE RECEIVED BY LOCAL REGISTRAR APR 12 1953		REGISTRAR'S SIGNATURE Huntington Williams, Md		25. FUNERAL DIRECTOR 55 Huntington Williams, Md

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

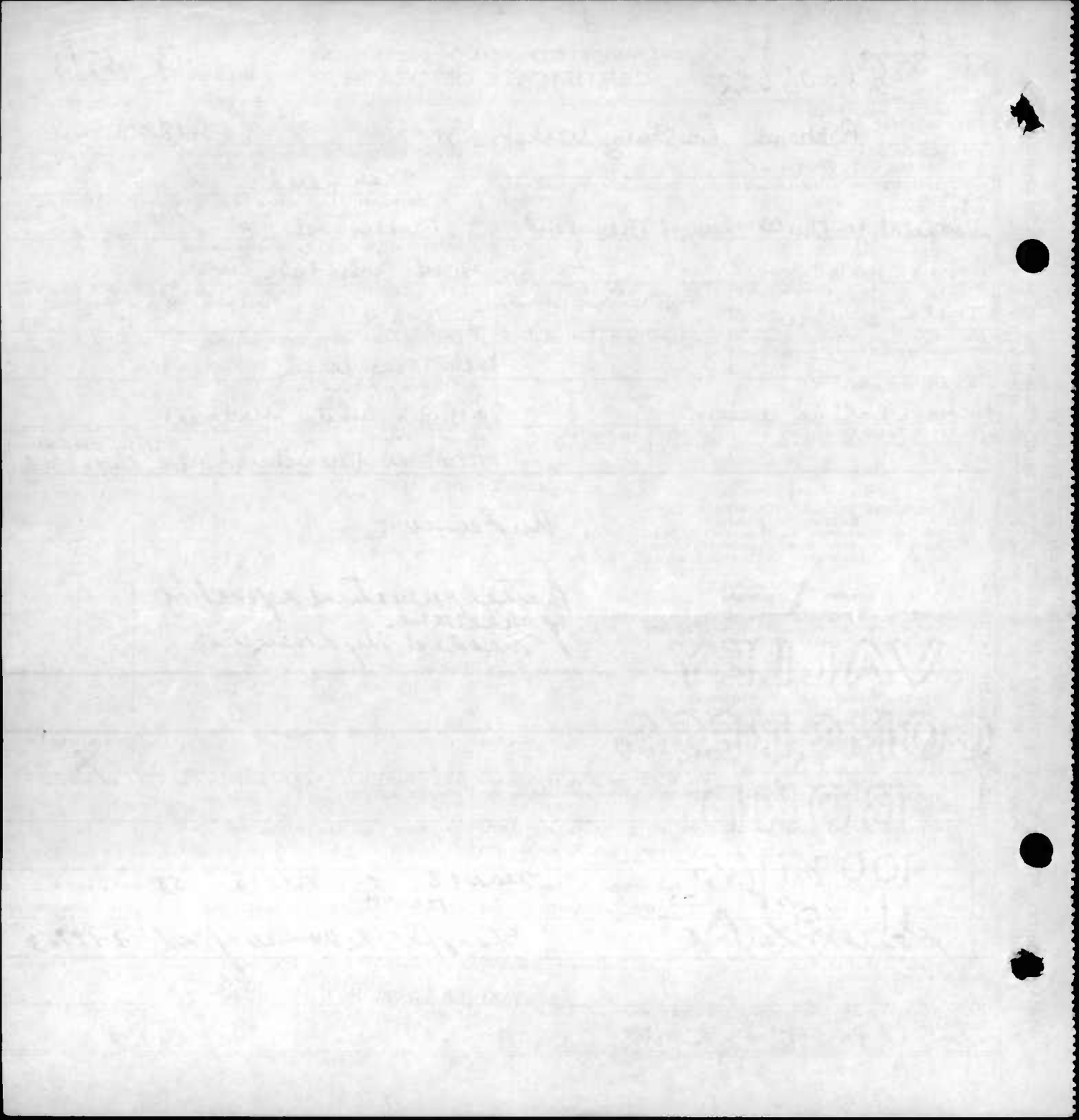
Registered No. 53 3573

BIRTH NO. 53 3573
53-06622

1. NAME OF DECEASED (Type or Print) <i>Richard La Clair Welsh Jr.</i>			2. DATE OF DEATH <i>3-18-53.</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Hospital for the Women of Maryland.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 6 27-34</i>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>4014 Echodale Ave.</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>3-18-53</i>	9. AGE (In years last birthday)	If Under 1 Year Months Days If Under 24 Hours Hours Min. <i>22</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Balt. Maryland.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Richard La Clair Welsh.</i>			14. MOTHER'S MAIDEN NAME <i>Lillian White Gardner</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>mother - Mrs Richard L. Welsh.</i>		ADDRESS <i>4014 Echodale Ave. Balt. 6 Md.</i>

18. <i>761.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Hu Euron</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
	(B) <i>Partial premature separation of placenta.</i> DUE TO		
	(C) <i>marked Hydranmios.</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Mar. 18</i> , 19 <i>53</i> to <i>Mar 18</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>Mar 18</i> , 19 <i>53</i> , and that death occurred at <i>1200 noon</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Robert R. Larned</i>		23B. ADDRESS <i>Hospital for the Women of Md.</i>		23C. DATE SIGNED <i>3-18-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
24D. LOCATION (City, town, or county)		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>APR 12 1953</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR		25A. ADDRESS		25B. ADDRESS	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3574
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

IDA HOFFMAN

2. DATE
OF
DEATH

APRIL 11/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Maryland* B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION

Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-19

D. STREET ADDRESS (If rural, give location)

5608 Narcissus Avenue

c. Length of stay in Baltimore

8 years

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

1879

9. AGE (In years last birthday)

73

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Abraham Jacobs

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mr. Meyer Hoffman - 5608 Narcissus Ave.

18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Acute myocardial infarction*
acute cholecystitis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Hypertension* *2 yrs*

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Feb. 1950*, to *April 11, 1953* that I last saw the deceased alive on *1220A, 1953* and that death occurred at *1:00 Am.*, from the causes and on the date stated above.

23A. SIGNATURE

Richard H. Kolman

23B. ADDRESS

3700 Park Heights

23C. DATE SIGNED

4/11/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Apr. 13/53

24C. NAME OF CEMETERY OR CREMATORY

Microkodesh Cong.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

APR 12 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Bl. Kirsner & Bros. 1124-26 W. North Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct life is especially important. Physicians: please write the causes of death clearly and fully.

1972

25

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

1972

25

MEMORANDUM

TO : DIRECTOR, FBI (100-441111)
FROM : SAC, NEW YORK (100-100000)
SUBJECT: [Illegible]

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 3575

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3575

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		ROBERT BARNES		March 17, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-01			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1214 Harford Road			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) U	8. DATE OF BIRTH U	9. AGE (In years last birthday) 37	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY K		11. BIRTHPLACE (State or foreign country) K	
13. FATHER'S NAME N O		14. MOTHER'S MAIDEN NAME O		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. N		17. INFORMANT ADDRESS N	
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease (A) DUE TO ANTECEDENT CAUSES (B) DUE TO (C) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) m.		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William Williams, M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED March 18, 1953	
24A. BURIAL, CREMA-TION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY UNIVERSITY MEDICAL SCHOOL AT R	
24D. LOCATION City, town, or county		24E. LOCATION City, town, or county		24F. LOCATION City, town, or county	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, Jr.	

A-653

53 3576

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3576
Registered No.1. NAME OF DECEASED
(Type or Print)

ALBERT ARNDT

2. DATE
OF
DEATH

March 9-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1105 E. Fayette St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Md. B. COUNTY before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION

The Fayette Convalescent Home Inc.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balt. 5-01

D. STREET ADDRESS (If rural, give location)

1105 E. Fayette St.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

N

8. DATE OF BIRTH

UN

9. AGE (in years
last birthday)

68

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

N

11. BIRTHPLACE (State or foreign country)

N

12. CITIZEN OF
WHAT COUNTRY?

N

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

N

17. INFORMANT

N

ADDRESS

N

18. 492x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) PNEUMONITIS; virus

DUE TO

14 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

malnutrition

sev. mos.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☒

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-20-1953, to 3-9-1953 that I last saw the
deceased alive on 3-7-53, 19 and that death occurred at 2:30A m., from the causes and on the date stated above.

23A. SIGNATURE

E. Ellsworth

M. D.

23B. ADDRESS

2437 MARYLAND AVENUE

23C. DATE SIGNED

3-9-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL APR 7 1953

DATE RECEIVED BY
LOCAL REGISTRAR

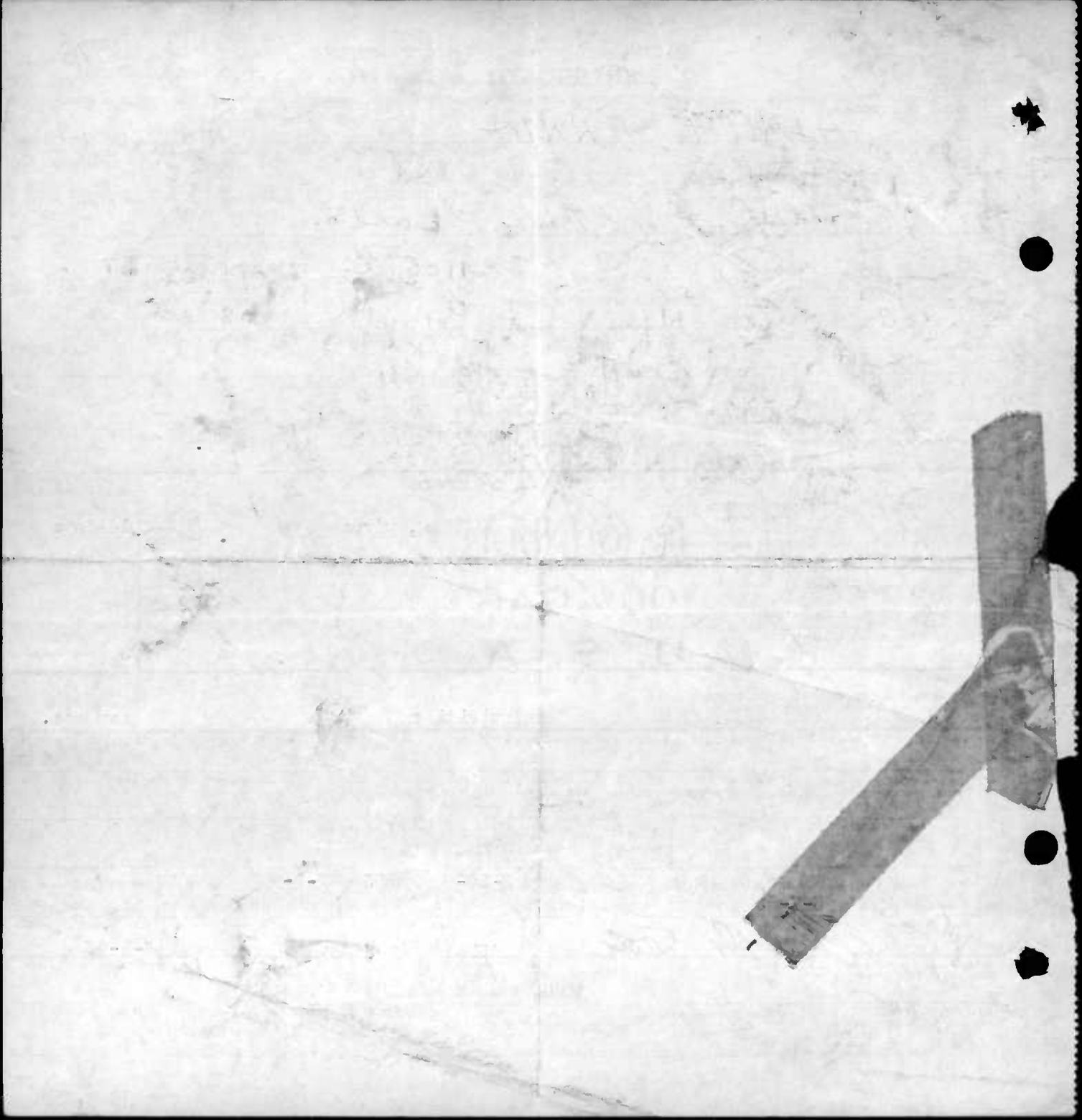
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Huntington Williams, M.D.

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53-3577

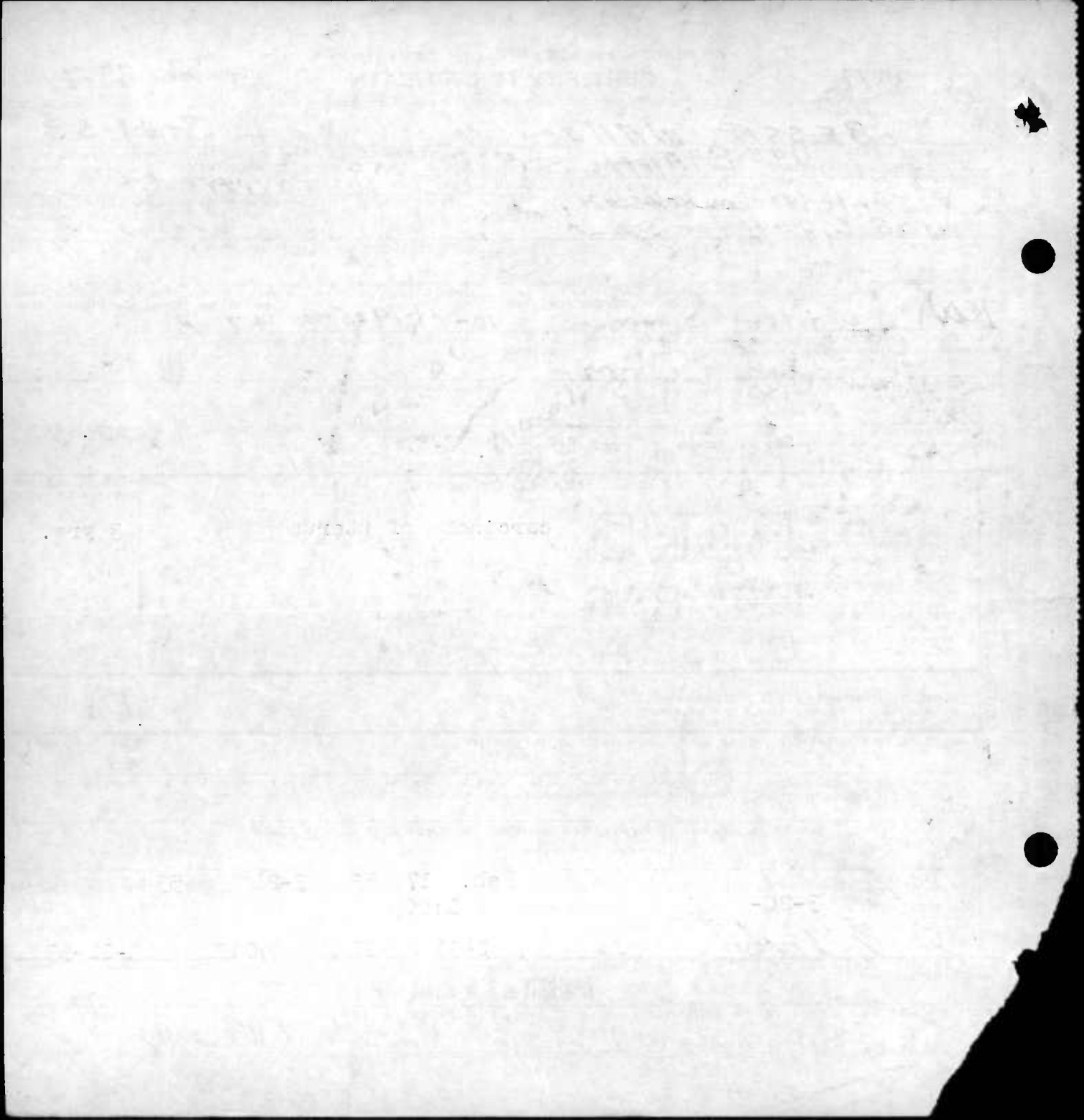
53-3577

1. NAME OF DECEASED (Type or Print) BESSIE WALLACE			2. DATE OF DEATH 3-21-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland 1105 E. Fayette St			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY W. Fayette St		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1105 E. Fayette St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 4-02		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location)		
5. SEX FEAM	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 10-21-1905		9. AGE (In years last birthday) 47
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (State or foreign country) UNKNOWN		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME UNKNOWN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT W. N. ADDRESS		

MEDICAL CERTIFICATION	18. 173X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) carcinoma of uterus		INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) carcinoma of uterus DUE TO (B) DUE TO (C)		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 17, 1953 to 3-21, 1953 that I last saw the deceased alive on 3-20, 1953 and that death occurred at 1:00 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE E. M. Smith		23B. ADDRESS 2431 MARYLAND AVENUE		23C. DATE SIGNED 3-21-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY UNIVERSITY MEDICAL SCHOOL	
24D. LOCATION (City, town, or county) APR 7 1953		24E. ADDRESS		24F. ADDRESS	

DATE RECEIVED BY LOCAL REGISTRAR APR 12 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Huntington Williams, M.D.	
VS 150					



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E-240

53 3578

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3578

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY EISEL

2. DATE
OF
DEATH

4/4/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

Lutheran

C. CITY OR TOWN (If outside corporate limits, write FULL name and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2027 Herbert St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

N

8. DATE OF BIRTH

U

9. AGE (In years last birthday)

52

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

N

11. BIRTHPLACE (State or foreign country)

K

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

O

W

14. MOTHER'S MAIDEN NAME

O

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

N

ADDRESS

18. E983X and 322.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) MULTIPLE FRACTURES OF Ribs

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

11
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Acute + chronic Alcoholism

19A. DATE OF OPERATION

2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

2027 HERBERT

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

4 4 53 ? m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Beaten repeatedly by brother

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐

23C. DATE SIGNED 4/5/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

UNIVERSITY MEDICAL SCHOOL APR 28 1953

25. FUNERAL DIRECTOR

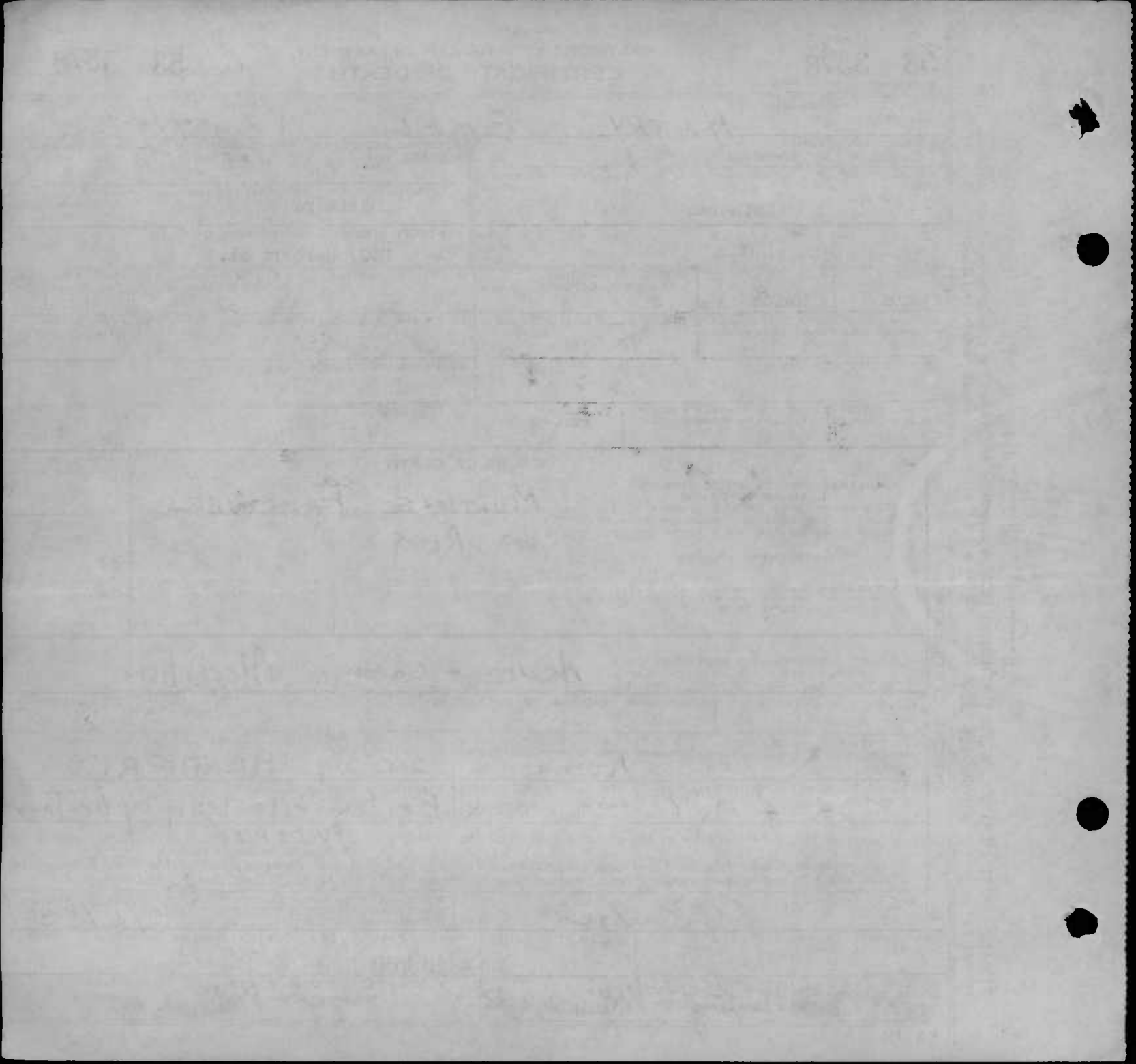
ADDRESS

VS 151

N807.0

Huntington Williams, M.D.

Huntington Williams, M.D.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-450

53 3579

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 3579

BIRTH NO.		1. NAME OF DECEASED (Type or Print) LILLIAN KLEIN		2. DATE OF DEATH 4-11-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTO.			
B. FULL NAME OF HOSPITAL OR INSTITUTION 4014 FAIRFAX TR		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 15-09			
c. Length of stay in Baltimore 20		D. STREET ADDRESS (If rural, give location) 4014 FAIRFAX TR			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday) 43	If Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) NORTH CAROLINA	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME LOUIS JOBLIN		14. MOTHER'S MAIDEN NAME Idg	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS JOSEPH KLEIN - 4014 FAIRFAX TR	
18. 253X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Acute Cardiac Dilatation(?) Sudden		INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. arcitis marked obesity. Hypothyroidism					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. History of Rheumatic fever as a child					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 2, 1953 to April 11, 1953 that I last saw the deceased alive on April 11, 1953 , and that death occurred at 11 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE H. H. Shultz		23B. ADDRESS 3100 Garrison Blvd.		23C. DATE SIGNED 4/11/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-11-1953		24C. NAME OF CEMETERY OR CREMATORY Herring Run	
24D. LOCATION (City, town, or county) (State) Balto. Md.		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, M. J. & Son Inc - 2100 Eutan Pl			

F.630

53 3580

53 3580

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MORRIS FREED

2. DATE
OF
DEATH

4-11-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)

4830 PIMLICO RD

C. CITY OR TOWN

BALTO.

(If outside corporate limits, write RURAL and give township)

27-17

D. STREET ADDRESS (If rural, give location)

4830 PIMLICO RD

c. Length of stay in Baltimore

50

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

9. AGE (in years last birthday)

80

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

TAILOR

10B. KIND OF BUSINESS OR INDUSTRY

CLOTHING

11. BIRTHPLACE (State or foreign country)

LITH.

12. CITIZEN OF WHAT COUNTRY?

LITH

13. FATHER'S NAME

MICHEL FREED

14. MOTHER'S MAIDEN NAME

ELLA FREED

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

BESSIE FREED - 4830 PIMLICO RD

1B. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Myocarditis Coronary occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

arterio sclerosis

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1953 to Apr 11, 1953, that I last saw the deceased alive on Apr 11, 1953, and that death occurred at 7:15 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Bryanin Kaden

M. D.

23B. ADDRESS

2306 Eutaw Pl Balto.

23C. DATE SIGNED

4-11-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

4-12-1953

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Balto.

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis Inc - 2100 Eutaw Pl

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

© 2000 Blackwell Science Ltd
Journal of Internal Medicine 247: 395–402

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2-00
53 3581

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

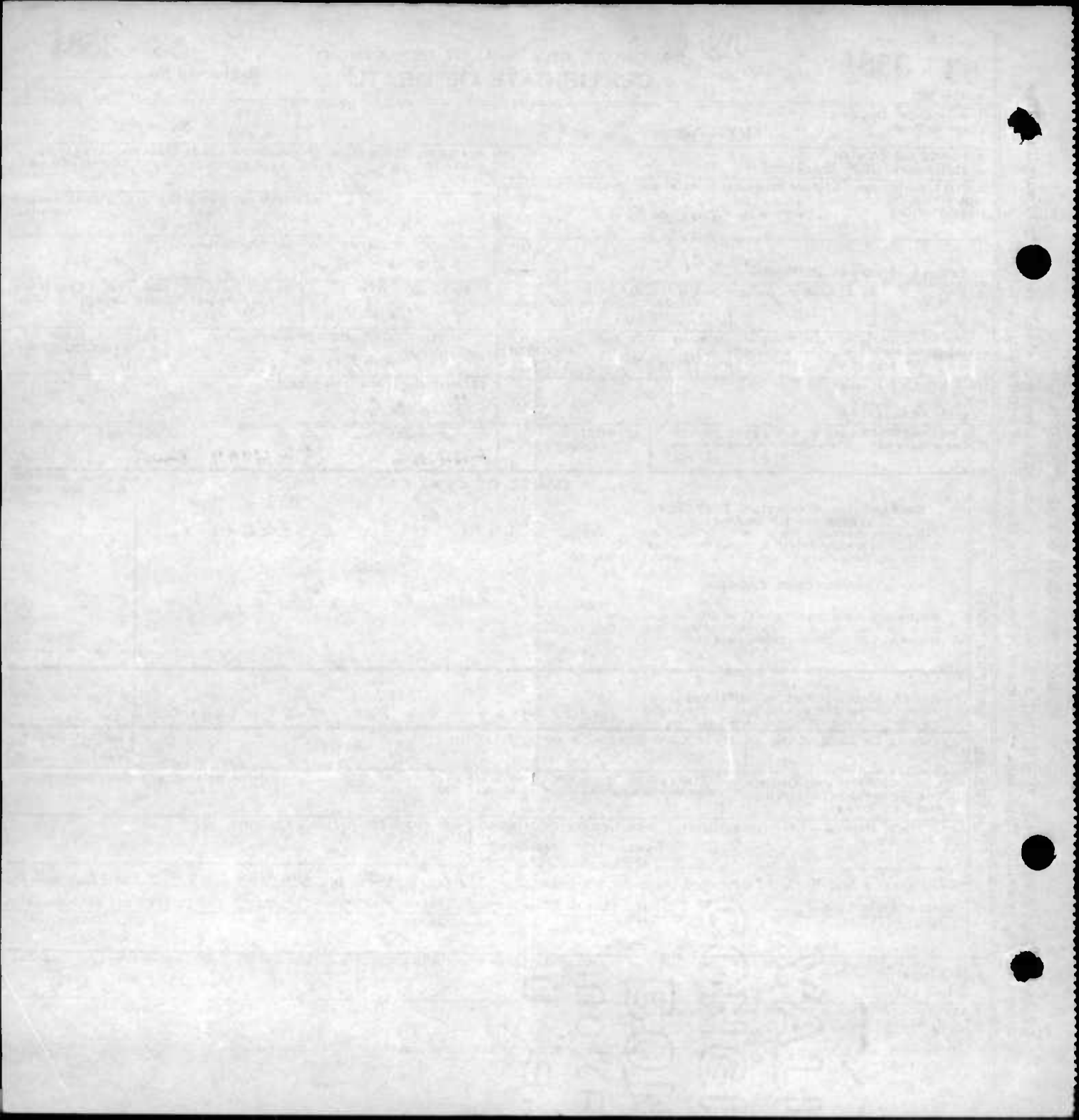
53 3581

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Abraham Sacks			2. DATE OF DEATH 4/11/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Sindi Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28-02		
C. Length of stay in Baltimore 49 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3003 Grande Ave. # 15		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 2/1/80	9. AGE (In years last birthday) 73	10. Under 1 Year Months Days 10. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAILOR		10B. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JOSEPH (PROV.)			14. MOTHER'S MAIDEN NAME Hindg		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS MORRIS Sacks - 4104 Barrington Rd.		

18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Diabetic Acidosis		CAUSE OF DEATH (A) Diabetic Acidosis DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Diabetes Mellitus		(B) Diabetes Mellitus DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Protruding cervical disc C3-C4		(C)	
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-17 , 19 53 , to 4-11 , 19 53 , that I last saw the deceased alive on 4-11 , 19 53 , and that death occurred at 10.10 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE Samuel Shibus	M. D.	23B. ADDRESS Sindi Hospital	23C. DATE SIGNED 4-11-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4-12-1953	24C. NAME OF CEMETERY OR CREMATORY Prosser	24D. LOCATION (City, town, or county) (State) Balto Md
DATE RECEIVED BY LOCAL REGISTRAR APR 12 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Jack Lewis Inc - 2100 Eutan Pl	ADDRESS



K-623
53 3582BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 3582

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

OLGA F. KRACHT

2. DATE
OF
DEATH

APR 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2905 PINewood AVE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

27-07

D. STREET ADDRESS (If rural, give location)

2905 PINewood AVE

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

JUNE 12, 1876

9. AGE (in years
last birthday)

76

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

ROBERT REISCH

14. MOTHER'S MAIDEN NAME

PAULINE VOLKER.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.

NO-

17. INFORMANT

ADDRESS

ALBERT KRACHT - SAME

18. 450.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Generalized Arteriosclerosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1952 to April 11, 1953, that I last saw the deceased alive on April 11, 1953, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Salvatore

23B. ADDRESS

6217 Harford Rd

23C. DATE SIGNED

4/11/53

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

4-13-53

24C. NAME OF CEMETERY OR CREMATORY

PARKWOOD

24D. LOCATION (City, town, or county)

TAYLOR AVE MD.

DATE RECEIVED BY
LOCAL REGISTRAR

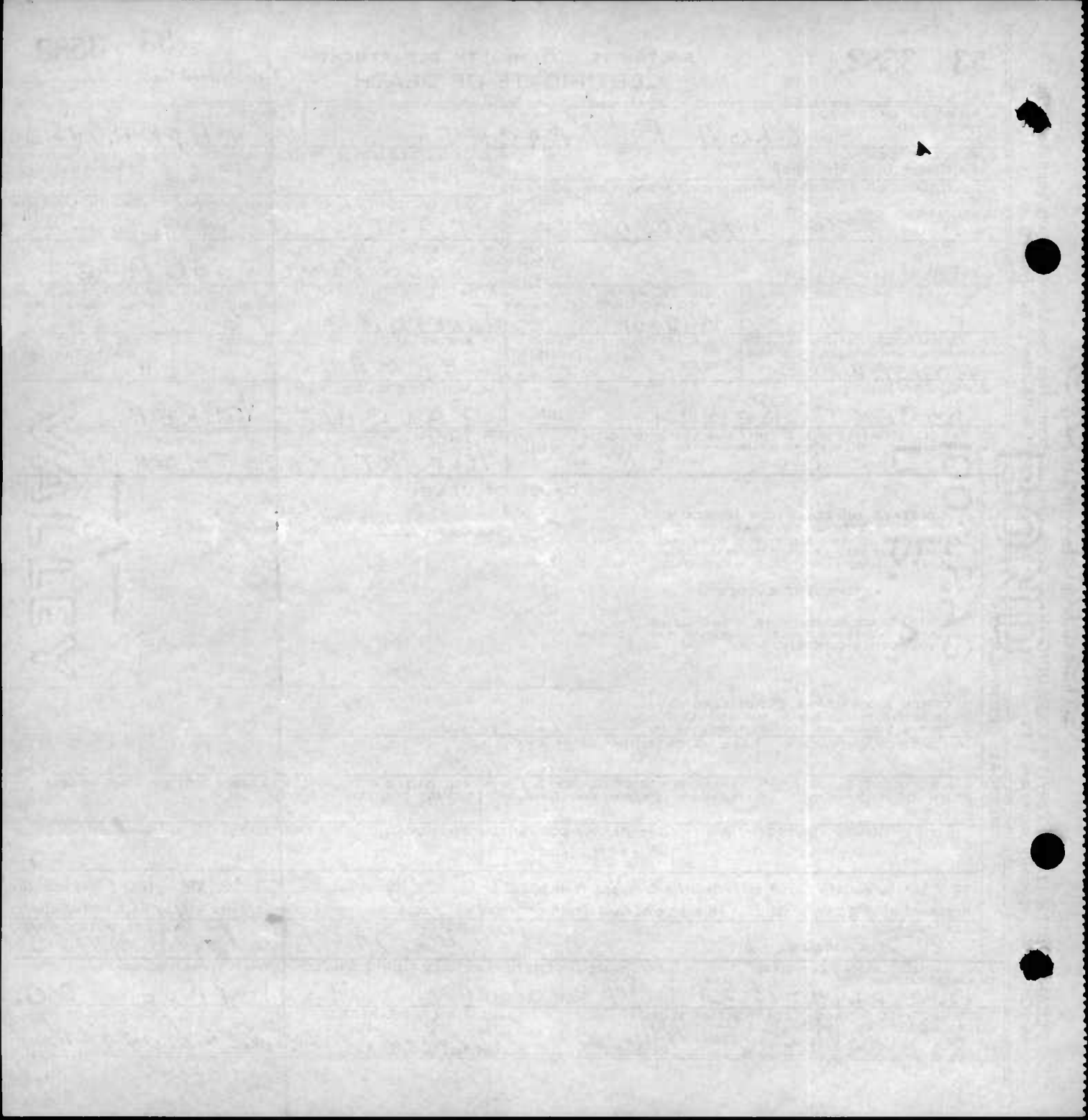
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Mildred J. Blight 6009 Harford Rd



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3583

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MARGARET KRAHLING-GREDLEIN

2. DATE
OF
DEATH

4-8-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Maryland General Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

26-08

D. STREET ADDRESS (If rural, give location)

3704 E. Pratt St.

C. Length of stay in Baltimore **ABOUT 50**

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

7-15-83

9. AGE (in years last birthday)

69

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

JOHN VON DRAN

14. MOTHER'S MAIDEN NAME

MARGARET PREISINGER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

ADDRESS

Mrs. Anna Spach

3704 E. Pratt St.

18. **231X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **cerebral hemorrhage**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **hypertension**

DUE TO

(C) _____

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER- LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **3-18**, 19**53** to **4-8**, 19**53** that I last saw the deceased alive on **4-8**, 19**53**, and that death occurred at **10 45** m., from the causes and on the date stated above.

23A. SIGNATURE

Leticia Bakhair

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

4/9/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

4-13-53

24C. NAME OF CEMETERY OR CREMATORY

SACRED HEART CEM.

24D. LOCATION (City, town, or county)

7401 GERMAN HILL RD. MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 12 1953

Huntington Williams, Nicholas S. Ziller

901 S. CONKLING ST.

THE STATE OF NEW YORK

IN SENATE
JANUARY 1, 1903

REPORT OF THE

COMMISSIONER OF THE LAND OFFICE

FOR THE YEAR 1902

ALBANY: J. B. LIPPINCOTT & CO., PRINTERS, 1903.

1

THE COMMISSIONER OF THE LAND OFFICE

REPORT OF THE COMMISSIONER OF THE LAND OFFICE
FOR THE YEAR 1902

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3584
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Oscar T. Stancoch

2. DATE
OF
DEATH

April 9, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland **JOHNS HOPKINS HOSPITAL**

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION**JOHNS HOPKINS HOSPITAL**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

9-08

D. STREET ADDRESS (If rural, give location)

1915 Stonewood Ave.

33
E. Length of stay in BaltimoreYrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

11-22-1891

9. AGE (in years
last birthday)

(61)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Night Watchman

10B. KIND OF BUSINESS OR
INDUSTRY

Real Estate

11. BIRTHPLACE (State or foreign country)

New Jersey

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Stancoch

14. MOTHER'S MAIDEN NAME

Cora Temple

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Arteriosclerotic Cardio-vascular
Disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-5, 1953 to 4-9, 1953 that I last saw the
deceased alive on 4-9, 1953 and that death occurred at 10:25 P. M., from the causes and on the date stated above.

23A. SIGNATURE

David Luten

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL CREMA
TION, REMOVAL, etc.

24B. DATE

4/13/53

24C. NAME OF CEMETERY OR CREMATORY

Green Mount

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

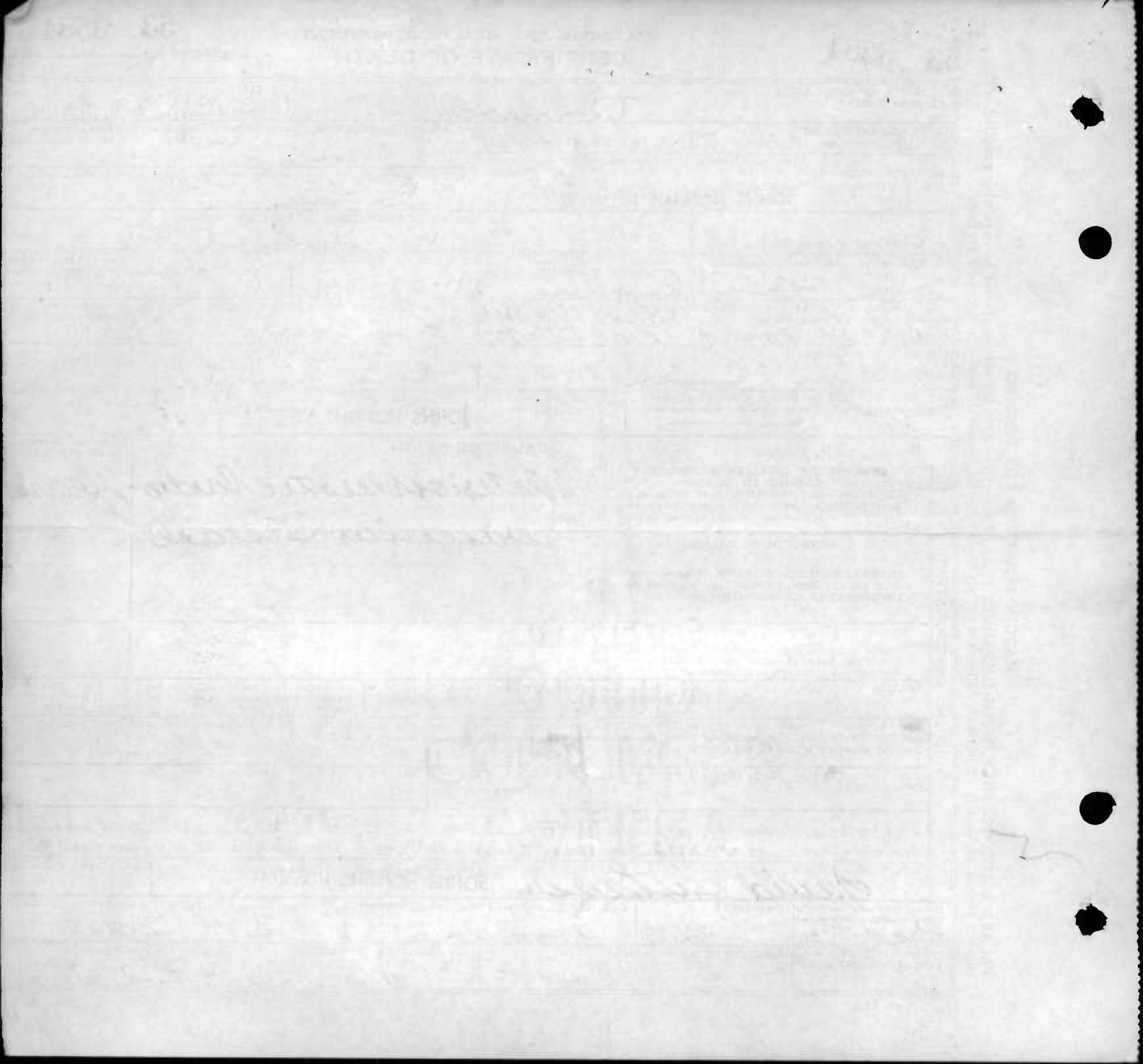
APR 13 1953

H. Kingston Williams, M.D.

Cook Inc. 1217 St. Paul St.

VS 150

76374



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3585
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY BRANNAN

2. DATE
OF
DEATH

4/10/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

213 Herring Ct.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Oct. 1885

9. AGE (In years, last birthday, Months, Days)

67

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SEAMSTRESS

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wm. J. BRANNAN

14. MOTHER'S MAIDEN NAME

MARY BYRNE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

313-10-5426

17. INFORMANT

ADDRESS

MRS. ALICE BLOOD SWORTH, 108 LUCUSTA A.

18. E903.0 and 260X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Septicemia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Wound Infection

DUE TO

Fractured Hip

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

19A. DATE OF OPERATION

3/18/53

19B. MAJOR FINDINGS OF OPERATION

fracture right femur.

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

HOME

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

213 Herring Court

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

3/13/53 m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell to Floor

22. I hereby certify that I attended the deceased from 4/1/53 to 4/10/53, that I last saw the deceased alive on 4/10/53, and that death occurred at 9:22 m., from the causes and on the date stated above.

23A. SIGNATURE

Samuel W. Deisher

23B. ADDRESS

University Hospital

23C. DATE SIGNED

4/10/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

4/13/53

24C. NAME OF CEMETERY OR CREMATORY

NEW CATHEDRAL

24D. LOCATION (City, town, or county) (State)

BALTIMORE, MARYLAND

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

M. J. M. Cook, Inc., 1217 St. Paul St.

VS 150

N 821.0

6904G

CERTIFICATION APPROVED BY

CHIEF OR ASST. MEDICAL EXAMINER
YES ☐ NO ☒

MARGIN RESERVED FOR BINDING

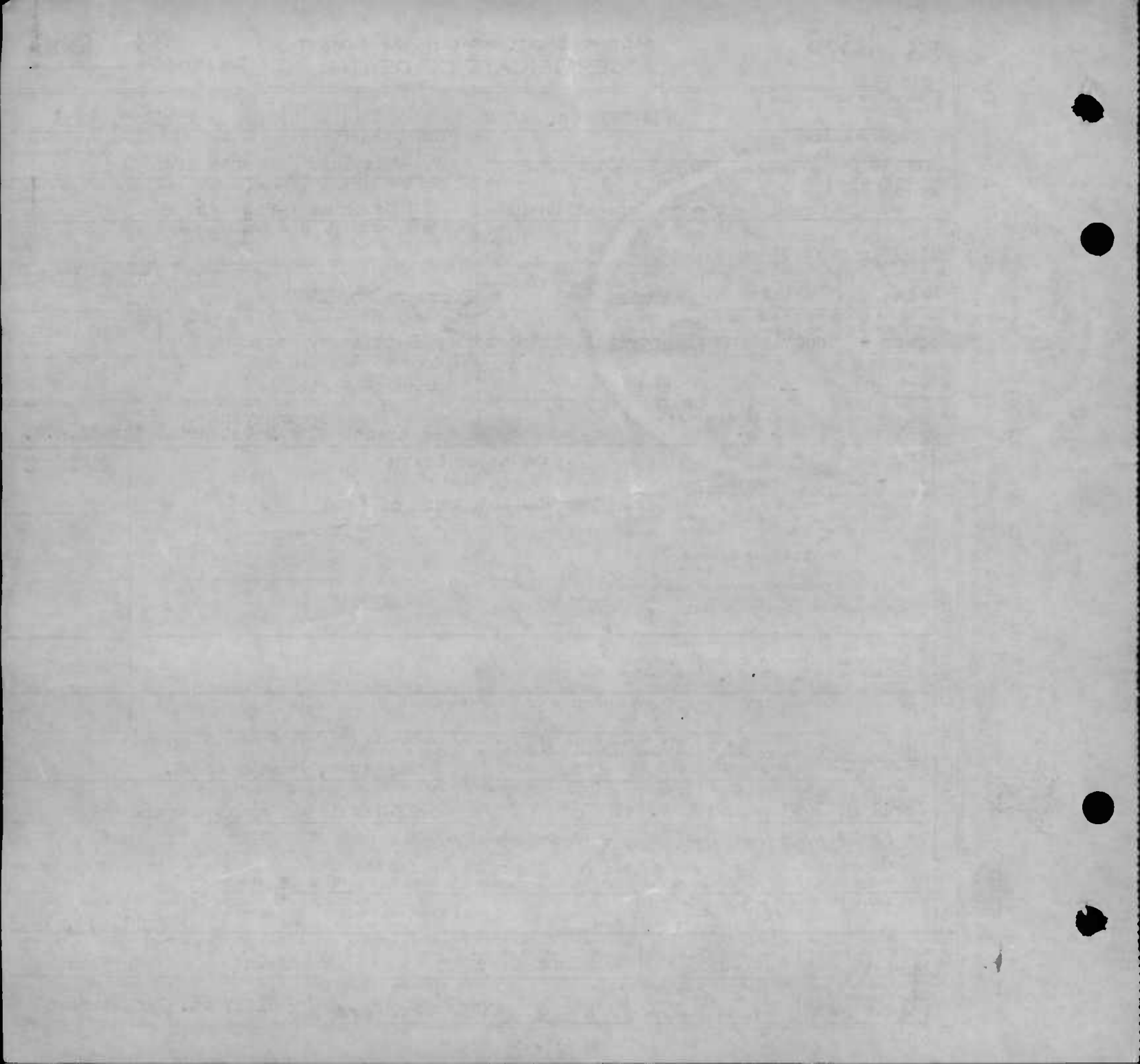
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

EXOM 11/11/87

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				53 3586	
CERTIFICATE OF DEATH				Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)				2. DATE OF DEATH	
CLIFFORD C. ARENZ				April 9, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or location) South Baltimore General Hospital				A. STATE Maryland B. COUNTY Anne Arundel	
C. Length of stay in Baltimore				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Greenhaven-Pasadena	
D. STREET ADDRESS (If rural, give location)					
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH February 24, 1909		9. AGE (In years last birthday) 44		10. MONTHS Under 1 Year Days Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done the most of working life, even if retired) Barber - Electrician				10B. KIND OF BUSINESS OR INDUSTRY Electrical Contractors	
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland				12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Charles --				14. MOTHER'S MAIDEN NAME Augusta Shotts	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give year and month; if no, give year or dates of service) no				16. SOCIAL SECURITY NO.	
17. INFORMANT Greenhaven				ADDRESS Agnes Arenz, 12th & Catherine Street, A.A.	
18. E976X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Gunshot wound of head DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. II 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Greenhaven, Pasadena, Md.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY April 9, 1953 2:00 P.M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Self-inflicted gunshot wound	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. F. Fisher				23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED April 10, 1953					
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 4/13/53		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	
24D. LOCATION (City, town, or county) (State) Maryland		24E. FUNERAL DIRECTOR Wm. Cook, Inc.		24F. ADDRESS 1217 St. Paul Street	
DATE RECEIVED BY LOCAL REGISTRAR APR 13 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. Cook, Inc.	
VS 151 N 803.4		51524			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 3587

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)BROWN, THOMAS N. Sr.2. DATE OF DEATH 9 APRIL 1953
11:45 P.M.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

FRANKLIN SQUARE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE1-03

6. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2601 EASTERN AVE

7. SEX

MALE

8. COLOR OR RACE

WHITE

9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

10. DATE OF BIRTH

17 JAN. 1899

11. AGE (In years last birthday)

54

12. Under 1 Year Months: Days

13. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SHOE SALESMAN

10B. KIND OF BUSINESS OR INDUSTRY

RETAIL STORE

11. BIRTHPLACE (State or foreign country)

IOWA

12. CITIZEN OF WHAT COUNTRY?

O.S.A.

13. FATHER'S NAME

EDGAR

14. MOTHER'S MAIDEN NAME

ZENNER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

YESWW I

16. SOCIAL SECURITY NO.

413-09-5117

17. INFORMANT

ADDRESS

LOLA V. BROWN, 637 S PATTERSON PK.18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

GASTRIC & OESOPHAGEAL HEMORRAGE56 HRS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

HEPATIC CIRRHOSIS30 yrs

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

9 April 1953

19B. MAJOR FINDINGS OF OPERATION

ESOPHAGEAL VARICESHEPATIC CIRRHOSIS

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 April, 1953, to 9 April, 1953, that I last saw the deceased alive on 9 April, 1953, and that death occurred at 11:40 P.M., from the causes and on the date stated above.

23A. SIGNATURE

A. F. Mooney, M.D.

23B. ADDRESS

Franklin Square Hosp.

23C. DATE SIGNED

10 April 53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

4/13/53

24C. NAME OF CEMETERY OR CREMATORY

U.S. NATIONAL

24D. LOCATION (City, town, or county) (State)

BALTIMORE, MARYLAND

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

M. M. Cook, Inc. 1217 St. Paul St.

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
ALBANY, N. Y.

1900

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3588

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)(SUSANNE M WALPER)
Walper, Mrs Susanne2. DATE
OF
DEATH

4-10-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION Church Home & HospitalC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
Baltimore 27-03

c. Length of stay in Baltimore

Life

Yrs.
Mos.
DaysD. STREET ADDRESS (If rural, give location)
3102 Rueckert Ave

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

SEPT. 15, 1879 73

9. AGE (in years
last birthday)

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

at home

13. FATHER'S NAME

Berkemeier, N August

14. MOTHER'S MAIDEN NAME

Margareth ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

215-01-9714

17. INFORMANT

ADDRESS

Charles Walper 3305 Howard Ave

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Longevity heart failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Generalized arteriosclerosis

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-8, 1953, to 4-10, 1953, that I last saw the
deceased alive on 4-9-1953, and that death occurred at 4:45 m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. E. 4

M. D.

23B. ADDRESS

Church Home and Hospital

23C. DATE SIGNED

4-10-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

4/13/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

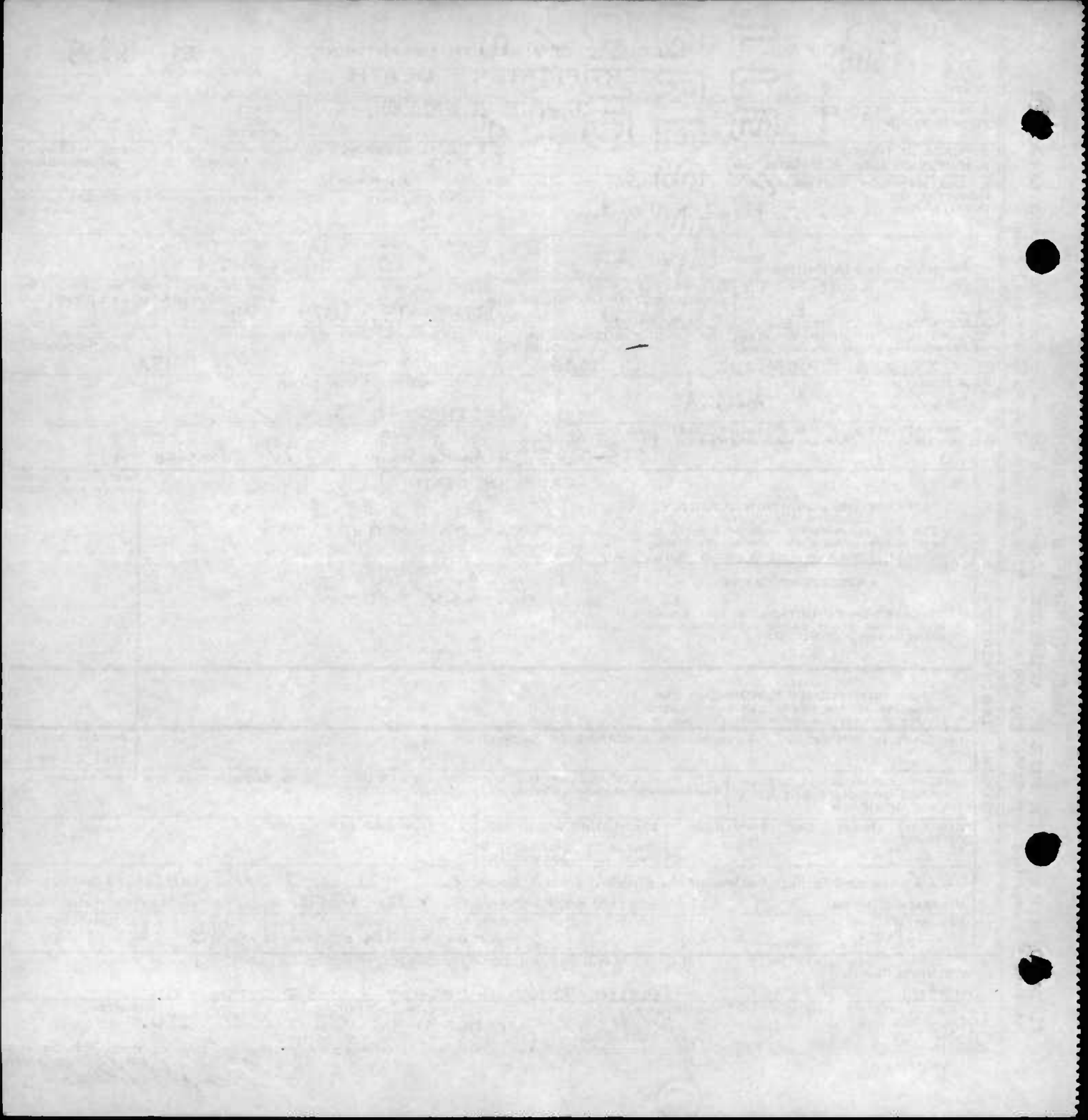
25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 13, MD.

Seay J. Rucker



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 3589

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)BEATRICE LYNCH (Josephine Beatrice Lynch)2. DATE
OF
DEATH4/9/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)Mary Hospital, Inc.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)Baltimore - 13 8-01

D. STREET ADDRESS (If rural, give location)

2714 Pelham Ave.

E. Length of stay in Baltimore

30 yearsYrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Married

8. DATE OF BIRTH

18929. AGE (in years
last birthday)61If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)House wife10B. KIND OF BUSINESS OR
INDUSTRYat home

11. BIRTHPLACE (State or foreign country)

South Carolina12. CITIZEN OF
WHAT COUNTRY?USA

13. FATHER'S NAME

Joseph Coleman

14. MOTHER'S MAIDEN NAME

Mary Scott15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)No16. SOCIAL
SECURITY NO.none17. INFORMANT 2714 Pelham Avenue
Mr. John H. Lynch18. 420.0DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Coronary atherosclerotic heart diseaseDUE TO with congestive heart failure

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH3 yrs.
2 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/7, 1953, to 4/9, 1953 that I last saw the
deceased alive on 4/9, 1953 and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Ray James Fisher

23B. ADDRESS

M. D.

23C. DATE SIGNED

4/9/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)burial

24B. DATE

4/13/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery Baltimore, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston H. H. H. H.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 13, MD.Boyd J. Smith

STATE OF NEW YORK
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of medical examiner		11. Signature of coroner		12. Signature of jury	
13. Signature of health officer		14. Signature of local health officer		15. Signature of attending physician		16. Signature of family physician	
17. Signature of funeral director		18. Signature of undertaker		19. Signature of cemetery		20. Signature of burial place	
21. Signature of burial place		22. Signature of burial place		23. Signature of burial place		24. Signature of burial place	
25. Signature of burial place		26. Signature of burial place		27. Signature of burial place		28. Signature of burial place	
29. Signature of burial place		30. Signature of burial place		31. Signature of burial place		32. Signature of burial place	
33. Signature of burial place		34. Signature of burial place		35. Signature of burial place		36. Signature of burial place	
37. Signature of burial place		38. Signature of burial place		39. Signature of burial place		40. Signature of burial place	
41. Signature of burial place		42. Signature of burial place		43. Signature of burial place		44. Signature of burial place	
45. Signature of burial place		46. Signature of burial place		47. Signature of burial place		48. Signature of burial place	
49. Signature of burial place		50. Signature of burial place		51. Signature of burial place		52. Signature of burial place	
53. Signature of burial place		54. Signature of burial place		55. Signature of burial place		56. Signature of burial place	
57. Signature of burial place		58. Signature of burial place		59. Signature of burial place		60. Signature of burial place	
61. Signature of burial place		62. Signature of burial place		63. Signature of burial place		64. Signature of burial place	
65. Signature of burial place		66. Signature of burial place		67. Signature of burial place		68. Signature of burial place	
69. Signature of burial place		70. Signature of burial place		71. Signature of burial place		72. Signature of burial place	
73. Signature of burial place		74. Signature of burial place		75. Signature of burial place		76. Signature of burial place	
77. Signature of burial place		78. Signature of burial place		79. Signature of burial place		80. Signature of burial place	
81. Signature of burial place		82. Signature of burial place		83. Signature of burial place		84. Signature of burial place	
85. Signature of burial place		86. Signature of burial place		87. Signature of burial place		88. Signature of burial place	
89. Signature of burial place		90. Signature of burial place		91. Signature of burial place		92. Signature of burial place	
93. Signature of burial place		94. Signature of burial place		95. Signature of burial place		96. Signature of burial place	
97. Signature of burial place		98. Signature of burial place		99. Signature of burial place		100. Signature of burial place	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3590
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annie E. Shanklin

2. DATE
OF
DEATH

April 8/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4743 Park Heights

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

4743 Park Heights

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Maryland

c. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

4743 Park Heights

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

421.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) acute Heart Failure
DUE TO chronic mitral Endocarditis

INTERVAL BETWEEN ONSET AND DEATH

24 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension
DUE TO

rubbish

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan, 1950, April 8, 1953 that I last saw the deceased alive on 4-8-1953 and that death occurred at 4:30 AM from the causes and on the date stated above.

23A. SIGNATURE

E. B. Enzor

M. D.

23B. ADDRESS

7201 York Rd

23C. DATE SIGNED

4-11-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

April 13/53

Mt. Olivet

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 13 1953

Huntington Williams, M.D. Spring Byers 5005 Park Heights

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UNITED STATES OF AMERICA
DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3591
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bertha Otto

2. DATE
OF
DEATH

April 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

2-3-02

D. STREET ADDRESS (If rural, give location)

1505 Marshall St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1101 E. Fayette St.

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 9, '71

9. AGE (In years
last birthday)

81

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Factory work

10B. KIND OF BUSINESS OR
INDUSTRY

Spice Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

August Otto

14. MOTHER'S MAIDEN NAME

Anna Weiss

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. August Grill Fidelity Bldg.

18. 250X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage

2 days

DUE TO

General arterio sclerosis

?

ANTECEDENT CAUSES

(B) Paralysis Agitans

?

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 18, 1953, to 4/10/53, that I last saw the
deceased alive on 4/10/1953, and that death occurred at 6 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Harry Weiss

M. D.

23B. ADDRESS

1226 Hanover St.

23C. DATE SIGNED

4/11/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/13/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

(State)

Frederick Ave.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John F. Denny, Inc, 715 Light St.

SAINT JOHN'S HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1911

Name of Deceased		Age		Sex		Race		Religion	
Date of Death		Time of Death		Place of Death		Cause of Death		Manner of Death	
Signature of Physician		Signature of Registrar		Signature of Coroner		Signature of Minister		Signature of Burial Officer	
Signature of Undertaker		Signature of Funeral Home		Signature of Cemetery		Signature of Church		Signature of Burial Ground	
Signature of Family		Signature of Friends		Signature of Neighbors		Signature of Community		Signature of Society	
Signature of Clergy		Signature of Musician		Signature of Organist		Signature of Choir		Signature of Congregation	
Signature of Deacons		Signature of Elders		Signature of Trustees		Signature of Members		Signature of Visitors	
Signature of Guests		Signature of Strangers		Signature of Passengers		Signature of Travelers		Signature of Migrants	
Signature of Immigrants		Signature of Refugees		Signature of Asylum Seekers		Signature of Political Refugees		Signature of Economic Refugees	
Signature of Environmental Refugees		Signature of Religious Refugees		Signature of Cultural Refugees		Signature of Linguistic Refugees		Signature of Ethnic Refugees	
Signature of Racial Refugees		Signature of Gender Refugees		Signature of Sexual Orientation Refugees		Signature of Disability Refugees		Signature of Age Refugees	
Signature of Life Stage Refugees		Signature of Life Circumstance Refugees		Signature of Life Event Refugees		Signature of Life Condition Refugees		Signature of Life Situation Refugees	
Signature of Life State Refugees		Signature of Life Status Refugees		Signature of Life Role Refugees		Signature of Life Function Refugees		Signature of Life Purpose Refugees	
Signature of Life Meaning Refugees		Signature of Life Value Refugees		Signature of Life Belief Refugees		Signature of Life Faith Refugees		Signature of Life Hope Refugees	
Signature of Life Love Refugees		Signature of Life Joy Refugees		Signature of Life Peace Refugees		Signature of Life Harmony Refugees		Signature of Life Unity Refugees	
Signature of Life Connection Refugees		Signature of Life Community Refugees		Signature of Life Society Refugees		Signature of Life Culture Refugees		Signature of Life Civilization Refugees	
Signature of Life Progress Refugees		Signature of Life Development Refugees		Signature of Life Growth Refugees		Signature of Life Change Refugees		Signature of Life Transformation Refugees	
Signature of Life Evolution Refugees		Signature of Life Revolution Refugees		Signature of Life Reformation Refugees		Signature of Life Restoration Refugees		Signature of Life Renewal Refugees	
Signature of Life Regeneration Refugees		Signature of Life Resurrection Refugees		Signature of Life Resurrection Refugees		Signature of Life Resurrection Refugees		Signature of Life Resurrection Refugees	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 3592

BIRTH NO.

53 3592 62-30677

1. NAME OF DECEASED
(Type or Print)

Andrew Stevens

2. DATE
OF
DEATH

4 10 53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

19-03

D. STREET ADDRESS (If rural, give location)

220 S. STRICKER ST #23

C. Length of stay in Baltimore

3 mo

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

12/24/52

9. AGE (In years
last birthday)

3

10 Under 1 Year
Months; Days11 Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Baby

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTO MD

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Stevens

14. MOTHER'S MAIDEN NAME

Hedrick

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mother Ruth Stevens 220 S
STRICKER

18. 560.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

4-9-53

19B. MAJOR FINDINGS OF OPERATION

Inguinal hernia

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1, 1953 to 4-10, 1953 that I last saw the
deceased alive on 4 10, 19 53 and that death occurred at 5:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

W Heimer

M. D.

23B. ADDRESS

Union Hospital

23C. DATE SIGNED

4-10-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

4-13-53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem

24D. LOCATION (City, town, or county)

Old Frederick Rd - BALTO MD

DATE RECEIVED BY
LOCAL REGISTRAR

APR 13 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Thomas J. Kenny Inc. 1600 Hollins St.

ADDRESS

3-5473

CERTIFICATE OF DEATH

12/24/22

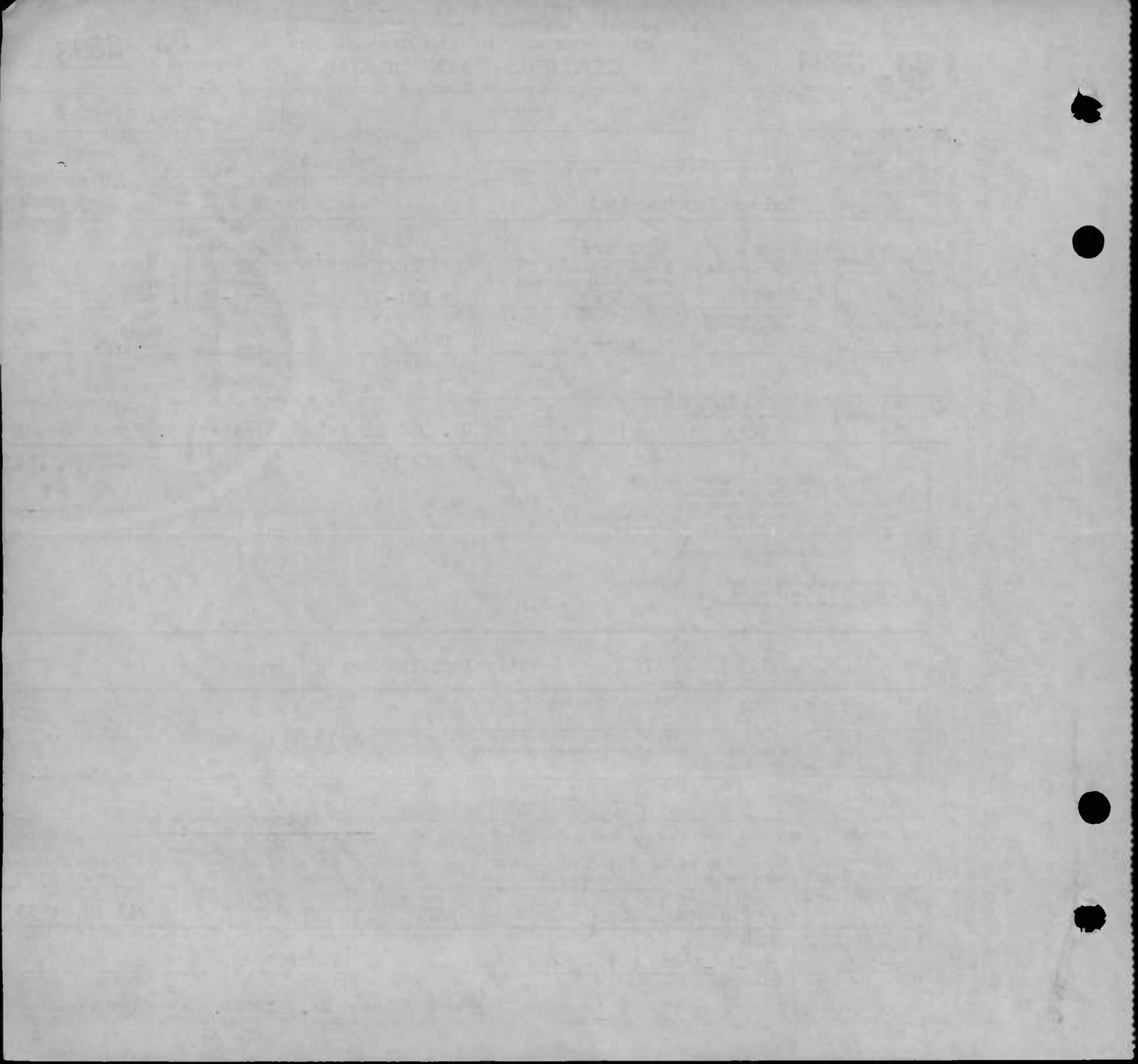
3

[Handwritten signature]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 500				CERTIFICATE CORRECTED 4-28-53		BALTIMORE CITY HEALTH DEPARTMENT		53 3593		Registered No. 53 3593	
BIRTH NO.						BIRTH NO.					
1. NAME OF DECEASED (Type or Print)						HOM BING FOON			2. DATE OF DEATH April 9, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland						4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland			B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4-01			D. STREET ADDRESS (If rural, give location) 113 N. Eutaw Street		
c. Length of stay in Baltimore 30 years						Yrs. Mos. Days					
5. SEX Male		6. COLOR OR RACE Chinese		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Lee See		8. DATE OF BIRTH about-1903		9. AGE (in years last birthday) about-50		10. Under 1 Year Months Days	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10B. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (State or foreign country) China				12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13. FATHER'S NAME Hom Do Tong						14. MOTHER'S MAIDEN NAME Wong See					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mr. Hom Bing Gan (brother)		ADDRESS N. Eutaw Street					
18. 490x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Lobar pneumonia DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Fatty infiltration of liver						INTERVAL BETWEEN ONSET AND DEATH					
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .											
23A. SIGNATURE J. P. Fisher						23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>			23C. DATE SIGNED April 10, 1953		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Apr-15-1953		24C. NAME OF CEMETERY OR CREMATORY Lorraine Cemetery		24D. LOCATION (City, town, or county) Woodlawn, Maryland		(State)			
DATE RECEIVED BY LOCAL REGISTRAR APR 13 1953		REGISTRAR'S SIGNATURE Huntington Williams				25. FUNERAL DIRECTOR Stewart & Mowen Co., 108 W. North Avenue		ADDRESS			
VS 151		784 6M				City #1.					



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3594**

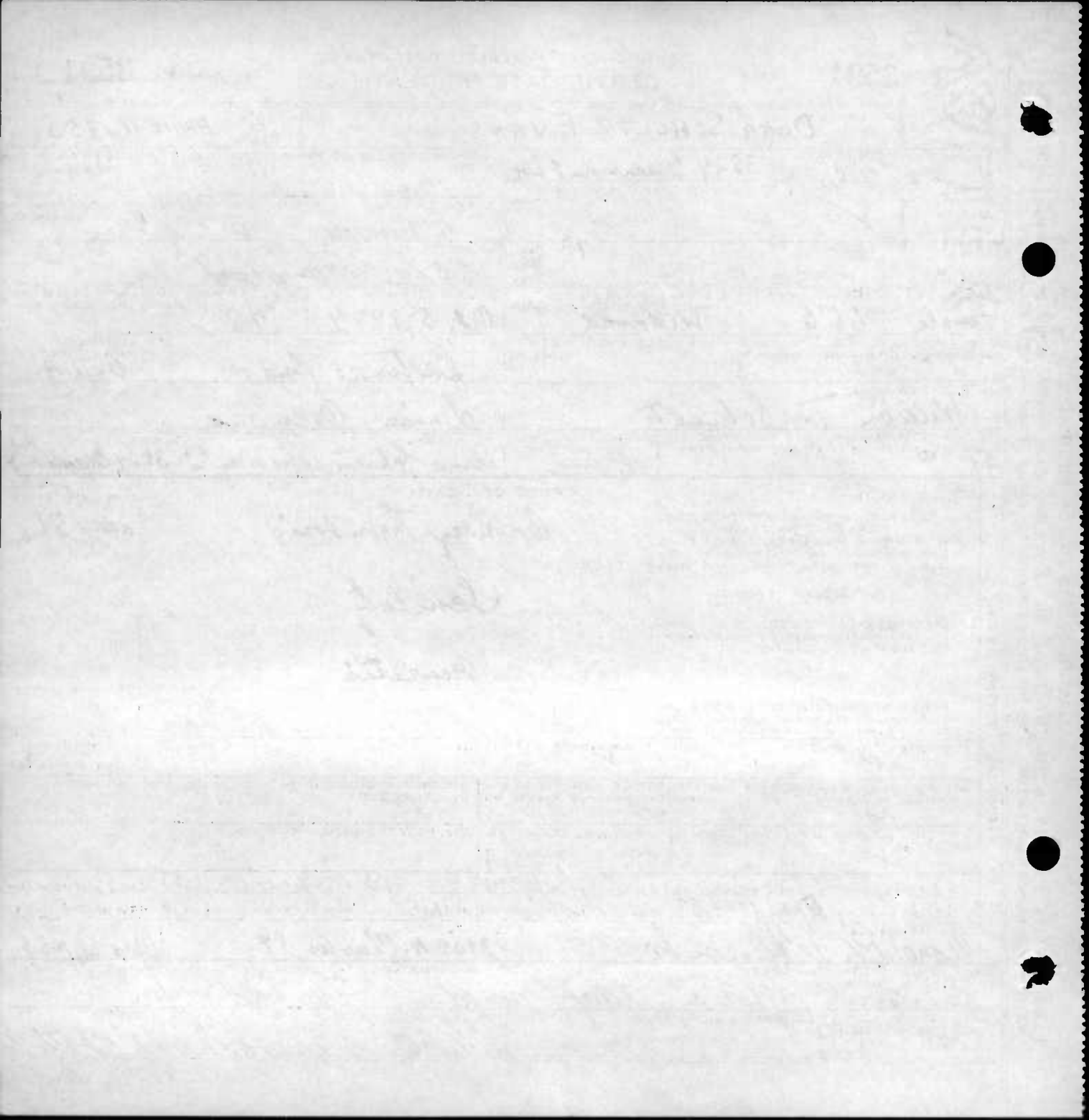
BIRTH NO. **53 3594**

1. NAME OF DECEASED (Type or Print) DORA SCHULTZ EVANS			2. DATE OF DEATH APRIL 11, 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland 3524 Greenmount Ave.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE md. b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION ✓			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-01		
c. Length of stay in Baltimore 13 Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 3524 Greenmount Ave.		
5. SEX Female	6. COLOR OR RACE W.C.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 5, 1874		9. AGE (In years, last birthday) 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William T. Schultz			14. MOTHER'S MAIDEN NAME Louise Oelmann		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Anna Schultz Pheasant 3524 Greenmount Ave.		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis (A) DUE TO Senility (B) DUE TO Neuritis (C) ...			INTERVAL BETWEEN ONSET AND DEATH 2 days 5 hrs.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION ✓		19b. MAJOR FINDINGS OF OPERATION ✓		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ✓		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) ✓	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY ✓		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 9, 1953 , to April 11, 1953 , that I last saw the deceased alive on April 11, 1953 , and that death occurred at 1:15 P.M. from the causes and on the date stated above.					
23a. SIGNATURE Donald P. Pheasant		23b. ADDRESS 3908 N. Charles St.		23c. DATE SIGNED April 12, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/15/53		24c. NAME OF CEMETERY OR CREMATORY Maplewood	
24d. LOCATION (City, town, or county) (State) Freshfield, N.Y.		25. FUNERAL DIRECTOR ADDRESS Lawrence J. Pheasant, 108 W. North St., Balto., Md.			

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



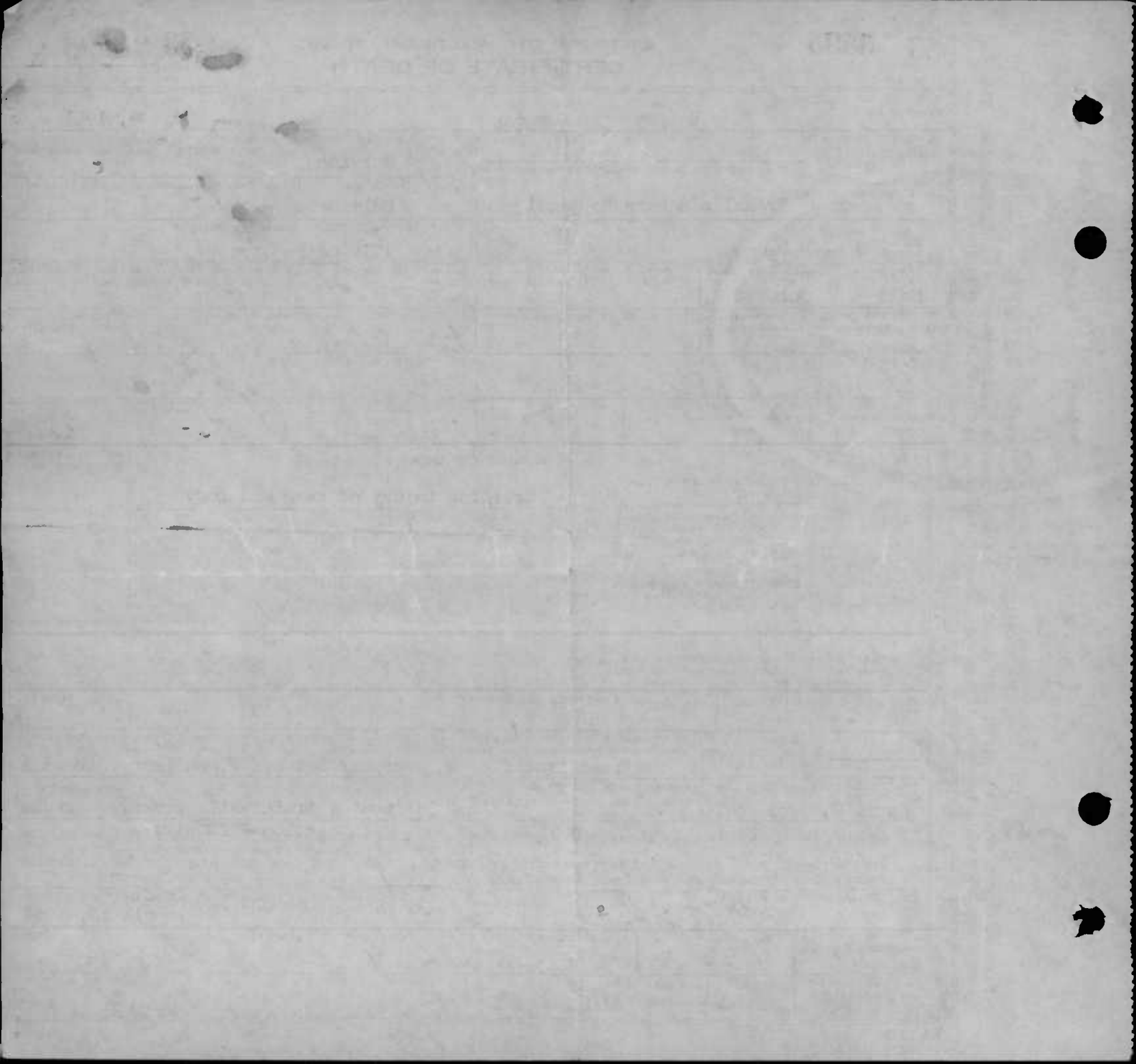
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B3-6355

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3595
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		ROBERT LEE BURTON		April 9, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)			
		A. STATE Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19-06			
c. Length of stay in Baltimore 7 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1716 Cairo Street			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S		8. DATE OF BIRTH 3-9-44	9. AGE (In years last birthday) 9
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Boy		10B. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Pine Bluff - Ark.	
13. FATHER'S NAME Thomas J. Burton		14. MOTHER'S MAIDEN NAME Ada Rowan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Thomas J. Burton - 1716 Cairo	
				ADDRESS	
18. E802 x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Crushing injury of head and body DUE TO		INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Railroad tracks		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Franklin Street Overpass between W. Mulberry Street &	
21D. TIME (Month) (Day) (Year) (Hour) April 9, 1953 5:00 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Apparently struck by train while crossing tracks	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE RBFisher		23B. CHIEF MEDICAL EXAMINER... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED April 10, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-13-53		24C. NAME OF CEMETERY OR CREMATORY Western Star Am	
24D. LOCATION (City, town, or county) (State) Baltimore - Md		24E. DATE RECEIVED BY LOCAL REGISTRAR APR 13 1953		24F. REGISTRAR'S SIGNATURE Thurston W. Hollister, M.D.	
25. FUNERAL DIRECTOR Samuel W. Sullivan, Jr.		ADDRESS 1011 N. Arlington Ave			



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-500
53 3596BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3596
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FANNIE COHN

2. DATE
OF DEATH

4-12-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2203 Brookfield Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 13-02

D. STREET ADDRESS (If rural, give location)

2203 Brookfield Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

6. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cardiac failure -
Cardio-renal vas disease

2 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arterio-sclerosis
Diabetes

3 yrs

10 yrs

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7th Feb, 1953, to April 12, 1953, that I last saw the
deceased alive on April 11, 1953, and that death occurred at 12 noon, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

J. Frederick Leitch

M. D.

Temple Garden Apt

April 12, 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial

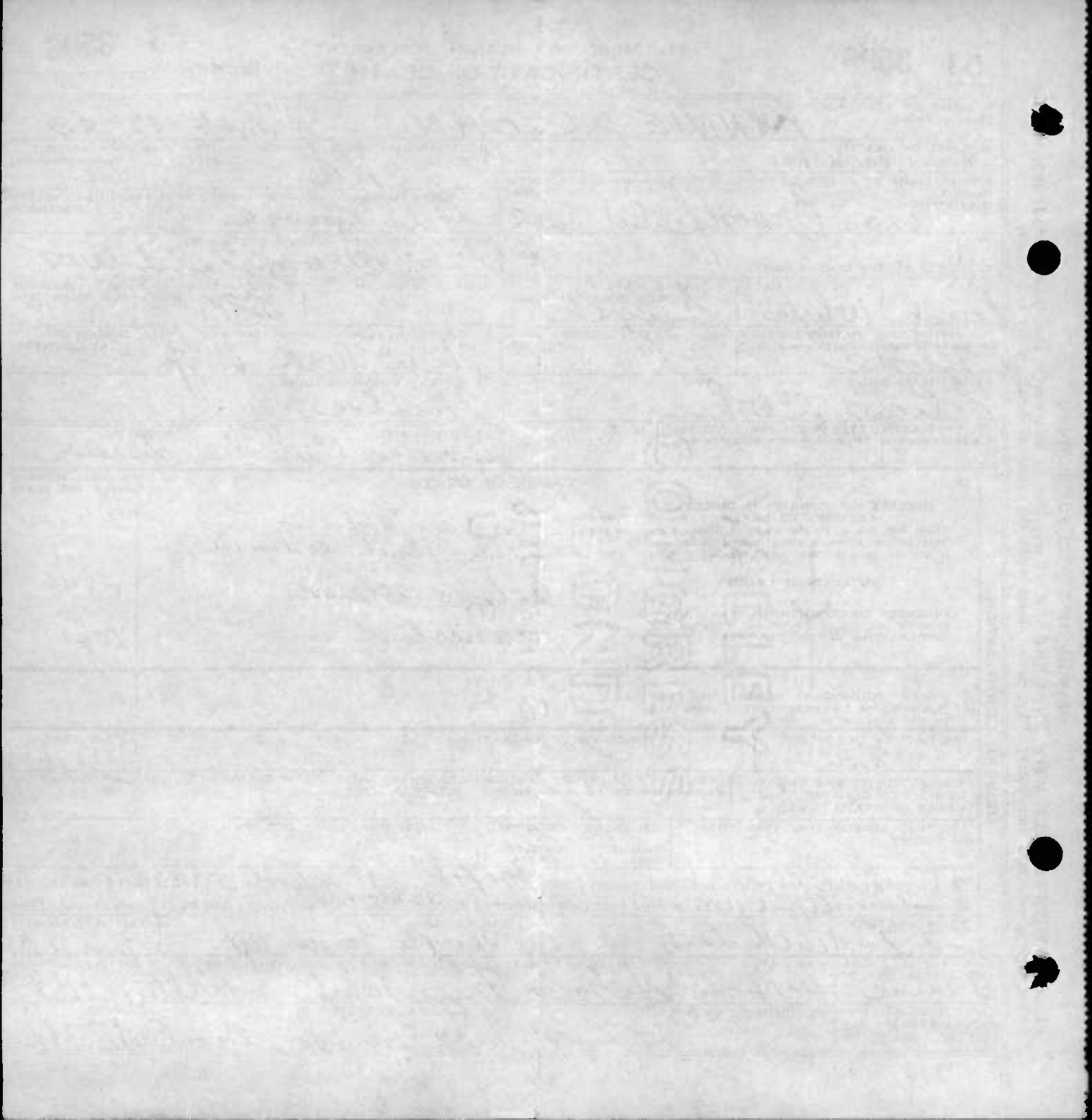
4-14-53

Hebrew Friendship

Balto, Md

APR 18 1953

Jack Lewis Mc 2100 Canton Rd



5-160
53 3597BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3597
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Abraham M. Shapiro</i>			2. DATE OF DEATH <i>Apr. 12, 1953</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY						
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>University Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 15-13</i>						
36 c. Length of stay in Baltimore <i>47</i> X Yrs. Mon. Days			D. STREET ADDRESS (if rural, give location) <i>2627 Loyola Southway</i>						
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>		8. DATE OF BIRTH <i>9-27-91</i>		9. AGE (In years last birthday) <i>61</i>		If Under 1 Year Months Days	If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Tailor</i>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Russia</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.G.</i>	
13. FATHER'S NAME <i>Prof. Morris Shapiro</i>			14. MOTHER'S MAIDEN NAME <i>Rachel Seltzer</i>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO.		17. INFORMANT <i>Sophie Shapiro - 2627 Loyola Southway</i>				ADDRESS
18. <i>42011 and 260X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Uremia</i> DUE TO			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Congestive failure</i> DUE TO <i>Myocardial infarction</i> DUE TO						<i>3 mo</i> <i>3 mo</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Diabetes mellitus</i>									
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK			21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Apr. 4</i> , 1953, to <i>Apr. 12</i> , 1953, that I last saw the deceased alive on <i>Apr. 12</i> , 1953, and that death occurred at <i>4:10 A.M.</i> , from the causes and on the date stated above.									
23A. SIGNATURE <i>C. E. Stennett</i>			23B. ADDRESS <i>University Hospital</i>			23C. DATE SIGNED <i>4/12/53</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			24B. DATE <i>4-13-1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Arlington</i>		24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 13 1953</i>			REGISTRAR'S SIGNATURE <i>Huntington Williams</i>			25. FUNERAL DIRECTOR <i>McFarland Lewis Inc - 2100 Eutan Pl</i>			

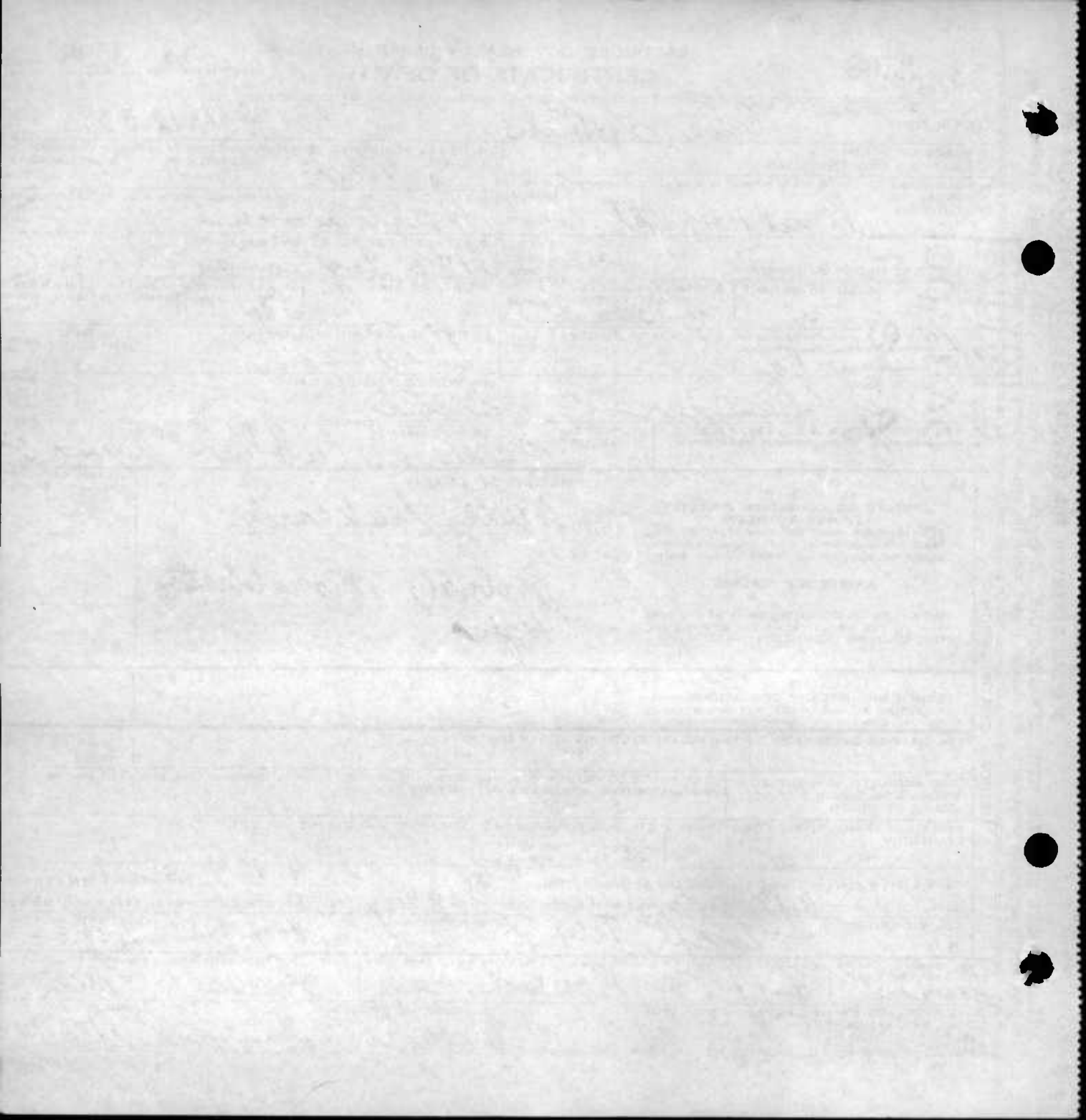
OFFICE OF HEALTH STANDARDS
CERTIFICATE OF DEATH

WALTER W. JONES
JULY 1940
CHICAGO, ILL.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

<p><i>L-145-</i> 53 3598 BIRTH NO.</p>		<p align="center">BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH</p>		<p align="right">53 3598 Registered No.</p>	
<p>1. NAME OF DECEASED (Type or Print) <i>Celia Lublin</i></p>			<p>2. DATE OF DEATH <i>4.12.53.</i></p>		
<p>3. PLACE OF DEATH: a. Baltimore City, Maryland</p>			<p>4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Md</i> b. COUNTY</p>		
<p>5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Linai Hospital</i></p>			<p>c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 15-11</i></p>		
<p>42 c. Length of stay in Baltimore <i>45</i> Yrs. Mos. Days</p>			<p>d. STREET ADDRESS (If rural, give location) <i>3142 Sequoia Ave</i></p>		
<p>5. SEX <i>F</i></p>	<p>6. COLOR OR RACE <i>W</i></p>	<p>7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i></p>	<p>8. DATE OF BIRTH <i>64</i></p>		<p>9. AGE (In years last birthday) <i>64</i> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <i>Housewife</i></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY</p>		<p>11. BIRTHPLACE (State or foreign country) <i>Russia</i></p>	
<p>13. FATHER'S NAME <i>Selig Bender</i></p>			<p>14. MOTHER'S MAIDEN NAME <i>Eta</i></p>		
<p>15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)</p>		<p>16. SOCIAL SECURITY NO.</p>		<p>17. INFORMANT <i>Israel Lublin - Same</i></p>	
<p>18. <i>204.2</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p>			<p align="center">CAUSE OF DEATH <i>Acute leukemia</i> (A) <i>probably monoclastic type</i> (B) <i>type</i> (C)</p>		<p>INTERVAL BETWEEN ONSET AND DEATH</p>
<p align="center">II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>					
<p>19A. DATE OF OPERATION</p>		<p>19B. MAJOR FINDINGS OF OPERATION</p>		<p>20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
<p>21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH</p>		<p>21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)</p>	
<p>21D. TIME (Month) (Day) (Year) (Hour) OF INJURY</p>		<p>21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>21F. HOW DID INJURY OCCUR?</p>	
<p>22. I hereby certify that I attended the deceased from <i>4.6</i>, 19<i>53</i>, to <i>4.12</i>, 19<i>53</i>, that I last saw the deceased alive on <i>4.12</i>, 1953, and that death occurred at <i>8 45</i> a.m., from the causes and on the date stated above.</p>					
<p>23A. SIGNATURE <i>Joseph Taler</i> M. D.</p>		<p>23B. ADDRESS <i>Linai Hospital</i></p>		<p>23C. DATE SIGNED <i>4.12.53</i></p>	
<p>24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i></p>		<p>24B. DATE <i>4-13-53</i></p>		<p>24C. NAME OF CEMETERY OR CREMATORY <i>Rosedale</i></p>	
<p>24D. LOCATION (City, town, or county) (State) <i>Balto Md</i></p>		<p>25. FUNERAL DIRECTOR <i>Jack Lewis Inc 2100 Eutan Pl</i></p>			
<p>DATE RECEIVED BY LOCAL REGISTRAR <i>APR 13 1953</i></p>		<p>REGISTRAR'S SIGNATURE <i>Huntington Williams</i></p>			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3599

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GIOVANNA or Genevieve Manieri

2. DATE
OF
DEATH

April 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

21-01

D. STREET ADDRESS (If rural, give location)

718 Ramsey St.

C. Length of stay in Baltimore

45 Yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 1st 1885

9. AGE (In years
last birthday)

68

10 Under 1 Year

3 Months 10 Days

11 Under 24 Hours

10 Hours 10 Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Angelo Russo

14. MOTHER'S MAIDEN NAME

Michele Cordaro

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Giuseppe Manieri 718 Ramsey St.

18. 420.0 and 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cerebral Apoplexy, probably
thrombosis

28 Hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive-Arteriosclerotic Heart Disease

CUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from April 10, 1953, to April 11, 1953, that I last saw the
deceased alive on April 11, 1953, and that death occurred at 11:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

W. B. Bowyer

23B. ADDRESS

M. D.

South Baltimore General Hospital

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

April 14/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Old Frederick Rd. Balt. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Frank Della Noce 322 S. High St.

Y-240
53 3800BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3800

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PASQUALINA YACOLA

2. DATE
OF
DEATH

APRIL 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

SOUTH BALTIMORE GENERAL HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

O. STREET ADDRESS (If rural, give location)

312 S. EDEN ST.

3-02

c. Length of stay in Baltimore

35 Yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 6 1893

9. AGE (In years

last birthday)

60

If Under 1 Year

3 Months

8 Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

ITALY

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Saverio

Imbriaco

14. MOTHER'S MAIDEN NAME

Angela Guariglia

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Giuseppe Yacola 312 S. Eden St.

18. 321X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage

6 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Essential Vascular Hypertension

?

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from April 5, 1953, to April 11, 1953, that I last saw the
deceased alive on April 11, 1953, and that death occurred at 3:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

W. M. Conway

23B. ADDRESS

M. O.

South Baltimore Genl Hosp.

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

April 15/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Ceme.

24D. LOCATION (City, town, or county)

4430 Belair Rd.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Frank Della Valle 322 S. High St.

0010

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH

1910

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
DIVISION OF VITAL RECORDS
SAN FRANCISCO, CALIF.

NAME: [illegible]
SEX: [illegible]
AGE: [illegible]
DATE OF BIRTH: [illegible]
PLACE OF BIRTH: [illegible]

CAUSE OF DEATH: [illegible]
MANNER OF DEATH: [illegible]
DATE OF DEATH: [illegible]
PLACE OF DEATH: [illegible]

REGISTRATION NO.: [illegible]
CERTIFICATE NO.: [illegible]
VITAL RECORD NO.: [illegible]
VITAL RECORD NO.: [illegible]

REGISTRATION NO.: [illegible]
CERTIFICATE NO.: [illegible]
VITAL RECORD NO.: [illegible]
VITAL RECORD NO.: [illegible]

REGISTRATION NO.: [illegible]
CERTIFICATE NO.: [illegible]
VITAL RECORD NO.: [illegible]
VITAL RECORD NO.: [illegible]

REGISTRATION NO.: [illegible]
CERTIFICATE NO.: [illegible]
VITAL RECORD NO.: [illegible]
VITAL RECORD NO.: [illegible]

H-610

53 3801

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3801

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rose Harvey

2. DATE
OF
DEATH

APR. 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2443 Francis St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 13-03

c. Length of stay in Baltimore

95

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2443 Francis St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work doing most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If Yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DIABETES

DUE TO

3 YR'S

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) CEREBRAL HEMORRHAGE

DUE TO

1 day

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from APR. 10, 1953, to APR 10, 1953, that I last saw the
deceased alive on APR. 10, 1953, and that death occurred at 8 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

10801

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10801

1. NAME OF DECEASED
2. SEX
3. AGE
4. DATE OF BIRTH
5. PLACE OF BIRTH
6. OCCUPATION
7. MARITAL STATUS
8. COLOR
9. RELIGION
10. EDUCATION
11. PLACE OF DEATH
12. DATE OF DEATH
13. TIME OF DEATH
14. CAUSE OF DEATH
15. MANNER OF DEATH
16. SIGNATURE OF REGISTRAR
17. SIGNATURE OF PHYSICIAN
18. SIGNATURE OF CLERK

19. NAME OF DECEASED
20. SEX
21. AGE
22. DATE OF BIRTH
23. PLACE OF BIRTH
24. OCCUPATION
25. MARITAL STATUS
26. COLOR
27. RELIGION
28. EDUCATION
29. PLACE OF DEATH
30. DATE OF DEATH
31. TIME OF DEATH
32. CAUSE OF DEATH
33. MANNER OF DEATH
34. SIGNATURE OF REGISTRAR
35. SIGNATURE OF PHYSICIAN
36. SIGNATURE OF CLERK

37. NAME OF DECEASED
38. SEX
39. AGE
40. DATE OF BIRTH
41. PLACE OF BIRTH
42. OCCUPATION
43. MARITAL STATUS
44. COLOR
45. RELIGION
46. EDUCATION
47. PLACE OF DEATH
48. DATE OF DEATH
49. TIME OF DEATH
50. CAUSE OF DEATH
51. MANNER OF DEATH
52. SIGNATURE OF REGISTRAR
53. SIGNATURE OF PHYSICIAN
54. SIGNATURE OF CLERK

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.				BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. <u>53 3802</u>	
1. NAME OF DECEASED (Type or Print)				GEORGE HERTEL		2. DATE OF DEATH April 10, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 912 Bonaparte Avenue				C. CITY OR TOWN Baltimore		D. STREET ADDRESS (If rural, give location) 912 Bonaparte Avenue	
c. Length of stay in Baltimore 3 years				E. Yrs. Mos. Days			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 18 1886		9. AGE (in years last birthday) 66		10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engraver		10B. KIND OF BUSINESS OR INDUSTRY Lithographic		11. BIRTHPLACE (State or foreign country) Penn.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME George Hertel				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 190-09-3476B		17. INFORMANT Anna C. Hertel		ADDRESS Same	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				CAUSE OF DEATH (A) Myocardial insufficiency DUE TO Hypertensive cardiovascular disease (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
23A. SIGNATURE R. F. Fisher				23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED April 10, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-13-1953		24C. NAME OF CEMETERY OR CREMATORY Fort Lincoln		24D. LOCATION (City, town, or county) (State) Washington, D.C.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR H.W. Jenkins & Sons Co.		ADDRESS 4905 York Rd.	

53 3803

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3803
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MRS ROSE GERTRUDE SILVER

2. DATE
OF
DEATH

APRIL 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

BALTIMORE

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

UNION MEMORIAL HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

5300

D. STREET ADDRESS (If rural, give location)

5912 BRACKENRIDGE AVE

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

JAN 17, 1874

9. AGE (In years;
last birthday)

79

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

WILLIAM STIFLER

14. MOTHER'S MAIDEN NAME

BELLE GAILEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

UNKNOWN

16. SOCIAL
SECURITY NO.

17. INFORMANT

ABOVE

ADDRESS

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CEREBRAL HEMORRHAGE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) HYPERTENSIVE CARDIOVASCULAR
DISEASE

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

ARTERIO SCLEROSIS

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

☐

NOT WHILE

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL 5, 1953, to APRIL 11, 1953, that I last saw the
deceased alive on APRIL 11, 1953, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

R. H. B. [Signature]

M. O.

23B. ADDRESS

UNION MEMORIAL HOSPITAL

23C. DATE SIGNED

APRIL 11, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

A-14-1953

24C. NAME OF CEMETERY OR CREMATORY

HARMONY

24D. LOCATION (City, town, or county)

DARLINGTON

(State)

MD

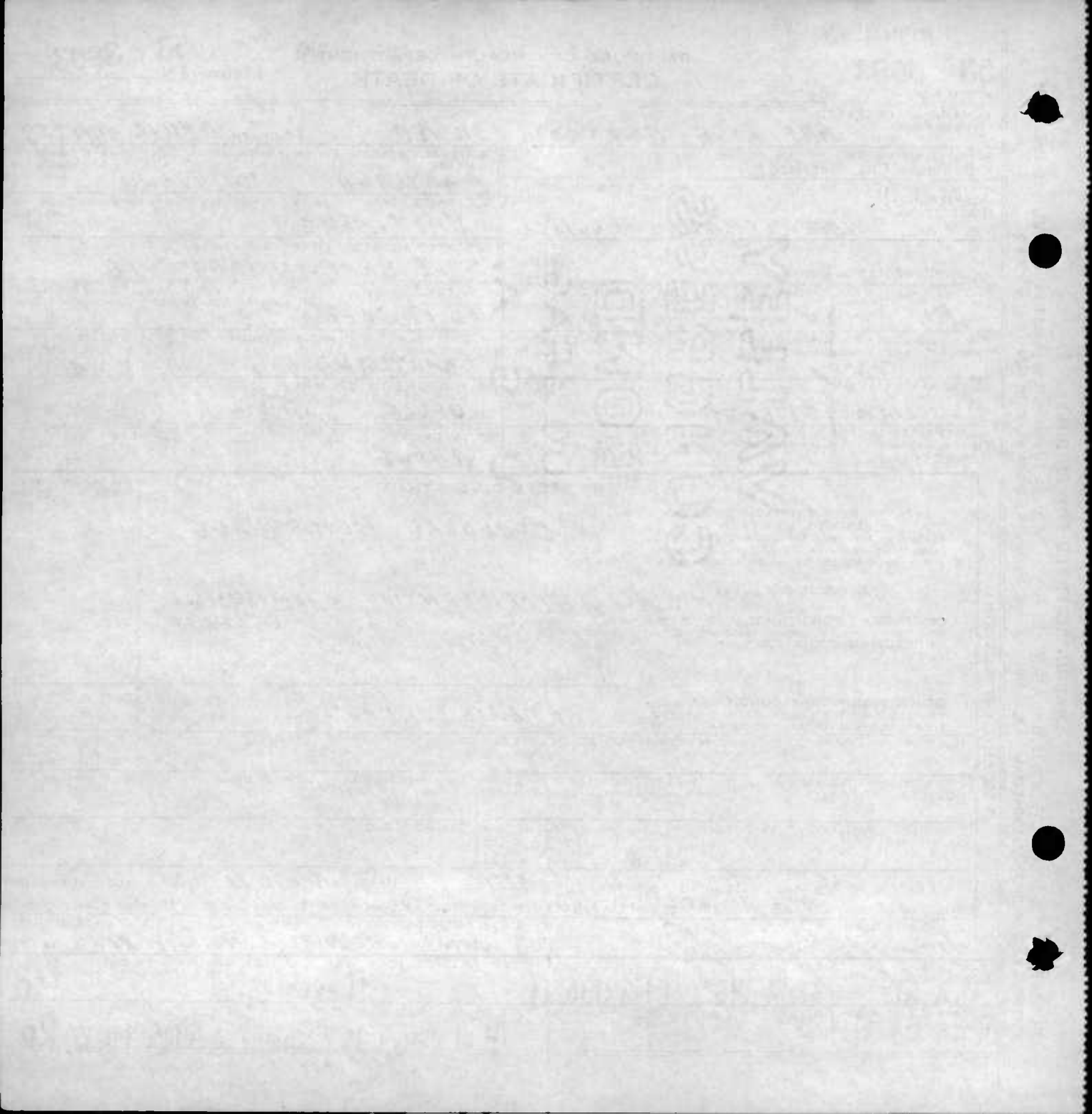
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

H. W. JENKINS & Sons Co. 4905 York Rd



M-252

53 3804

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3804
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARYANNA MARY MUSZYNSKI [MUSZYNSKI]			2. DATE OF DEATH APRIL 11, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland 4251 SHAMROCK AVE			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 26-02		
D. STREET ADDRESS (If rural, give location) 4251 SHAMROCK AVE			E. Length of stay in Baltimore 44 YRS.		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH May 1861	9. AGE (in year: last birthday) 92	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) POLAND		12. CITIZEN OF WHAT COUNTRY? POLAND.
13. FATHER'S NAME None			14. MOTHER'S MAIDEN NAME None		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Adela Schmitz		
			ADDRESS		

MEDICAL CERTIFICATION

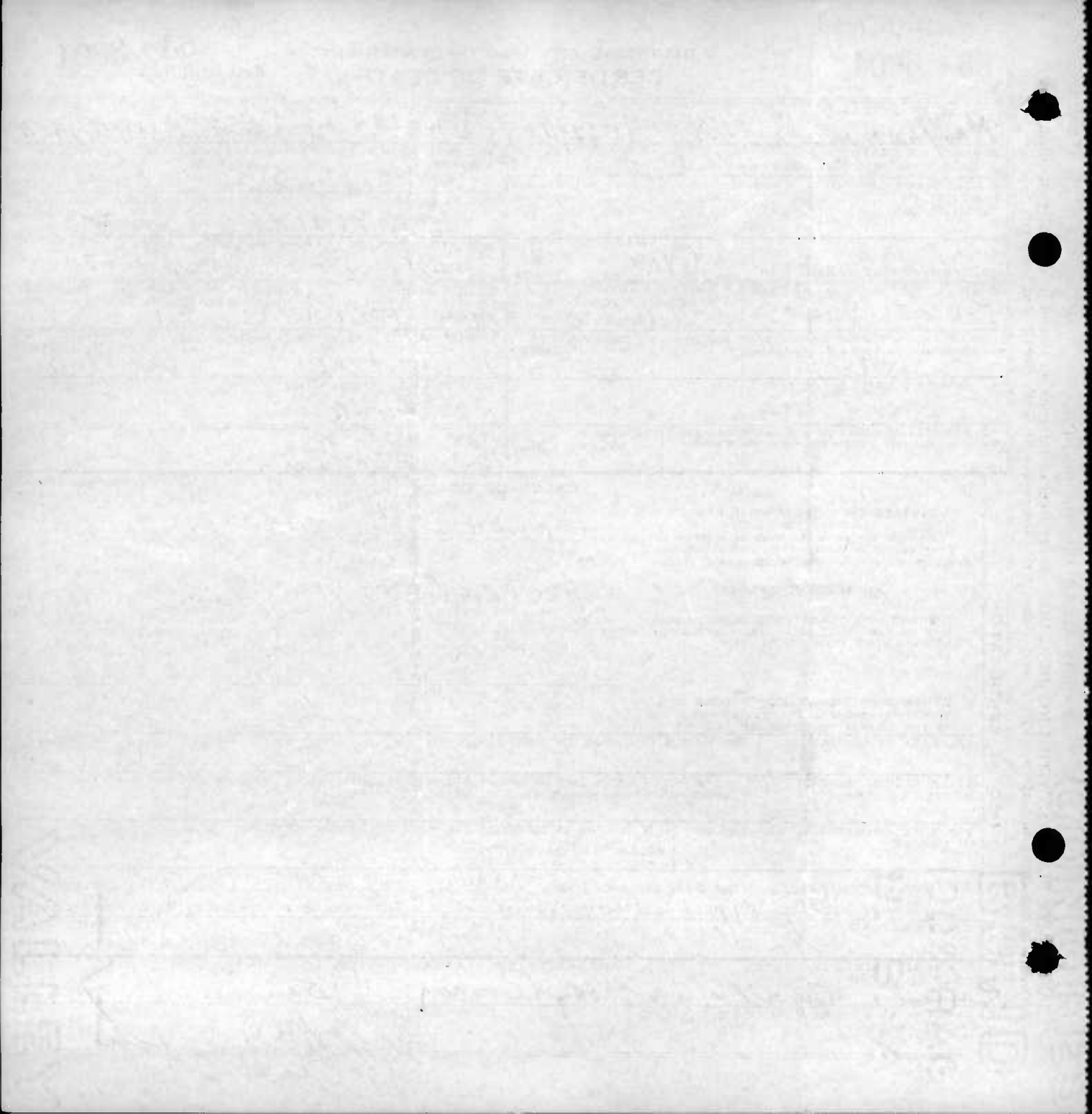
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) CHRONIC MYOCARDITIS	INTERVAL BETWEEN ONSET AND DEATH 2 YEARS
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) ARTERIOSCLEROTIC CVD	30 YEARS
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) ...	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **FEBRUARY 1952** to **APRIL 11, 1953**, that I last saw the deceased alive on **FEBRUARY 1952** and that death occurred at **7:00 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE **Rein P. Polek** M. D. 23B. ADDRESS **4200 Sheldon Avenue** 23C. DATE SIGNED **April 11, 1953**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE April 14/53	24C. NAME OF CEMETERY OR CREMATORY Holy Rosary	24D. LOCATION (City, town, or county) (State) Baltimore
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR Fred W. Ozarewski	ADDRESS 1930 E. ...



B-356

53 3605

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3605

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MR. HARRY J. BITTNER

2. DATE
OF
DEATH

4-12-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore - HANS DOWNE

D. STREET ADDRESS (If rural, give location)

34 Clyde Avenue (27)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9-26-1882 1874 40 78

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

BALT. more

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Adam bittner

deceased

14. MOTHER'S MAIDEN NAME

Mary Housman deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

HENRY D. GILLING 34 CLYDE AVE
HANS DOWNE

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Bilateral Bronchopneumonia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Grade IV Cardiac
Decompensation

(C)

Arterioscl. Cardio Vasc. Disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-9, 1953, to 4-12, 1953, that I last saw the
deceased alive on 4-12, 1953, and that death occurred at 11:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Harry L. Knipp M.D.

23B. ADDRESS

St. Agnes Hosp.

23C. DATE SIGNED

4-12-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/14/53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore City

24D. LOCATION (City, town, or county)

Baltimore

(State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

J. H. Stricker, Jr.

ADDRESS

1011 E. R. M. Walters

STATEMENT OF HEALTH EXAMINER
CERTIFICATE OF DEATH

NAME: *W. H. HARRIS*

DATE OF BIRTH: *1875*

PLACE OF BIRTH: *Missouri*

DATE OF DEATH: *1915*

CAUSE OF DEATH: *Heart Disease*

DATE OF DEATH: *1915*

Witnessed by
Dr. J. H. Harris
Dr. J. H. Harris

Witnessed by
Dr. J. H. Harris
Dr. J. H. Harris

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3806
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret (Maggie) Hensler

2. DATE
OF
DEATH

4-13-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

Prince George

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

764 Carroll Street

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Bladensburg

D. STREET ADDRESS (If rural, give location)

4110 Edmonston Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

March 28, 1865

9. AGE (In years last birthday)

88

11 Under 1 Year Months Days

12 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

(Unknown) Huber

14. MOTHER'S MAIDEN NAME

Catherine Weber

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowns) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Wm. W. Hensler, 4110 Edmonston Road
Bladensburg

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Myocardial Infarction

Sudden

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Chronic Myocarditis

4 months

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Arteriosclerosis, generalized 4 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1953, to April 13, 1953, that I last saw the deceased alive on April 12, 1953, and that death occurred at 1:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John P. Urlock, Jr.

23B. ADDRESS

1227 Wash. Blvd

23C. DATE SIGNED

4-13-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

4/15/53

24C. NAME OF CEMETERY OR CREMATORY

Fort Lincoln Cemetery

24D. LOCATION (City, town, or county)

(State)

Prince George County, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H. W. Chambers Co. Riverdale, Maryland

1948

UNITED STATES DEPARTMENT OF AGRICULTURE

CERTIFICATE OF ANALYSIS

1948

1948

THIS CERTIFICATE OF ANALYSIS IS ISSUED TO THE FOLLOWING PARTY:

NAME OF PARTY: _____

ADDRESS: _____

CITY: _____

STATE: _____

COUNTY: _____

ZIP CODE: _____

DATE OF ANALYSIS: _____

ANALYST: _____

LABORATORY: _____

TEST RESULTS: _____

COMMENTS: _____

SIGNATURE OF ANALYST: _____

DATE OF SIGNATURE: _____

LABORATORY: _____

TEST RESULTS: _____

COMMENTS: _____

SIGNATURE OF ANALYST: _____

DATE OF SIGNATURE: _____

LABORATORY: _____

TEST RESULTS: _____

COMMENTS: _____

SIGNATURE OF ANALYST: _____

DATE OF SIGNATURE: _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3607

Registered No.

53 3607

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES C. KEYS

2. DATE
OF
DEATH

4/11/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Lutheran Hospital of Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 19-03

46
C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1415 Hollins St. #23

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

1/14/71

9. AGE (In years last birthday)

82

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

machinist

10B. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

United States

13. FATHER'S NAME

William J. Keys

14. MOTHER'S MARRIED NAME

Elizabeth Owens

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

—

17. INFORMANT

Thomas B. Keys 3632 Hickory Ave

18. 446X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

(B)

Nephrosclerosis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

Generalized Arteriosclerosis

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Unilateral diverticulum

INTERVAL BETWEEN ONSET AND DEATH

48 hr.

MEDICAL CERTIFICATION

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 4/4/53, 19__, to 4/11/53, 19__, that I last saw the deceased alive on 4/11/53, 19__, and that death occurred at 8:25AM from the causes and on the date stated above.

23A. SIGNATURE

Paul Gebhardt

M. D.

23B. ADDRESS

Lutheran Hospital

23C. DATE SIGNED

4/11/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

April 14-1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

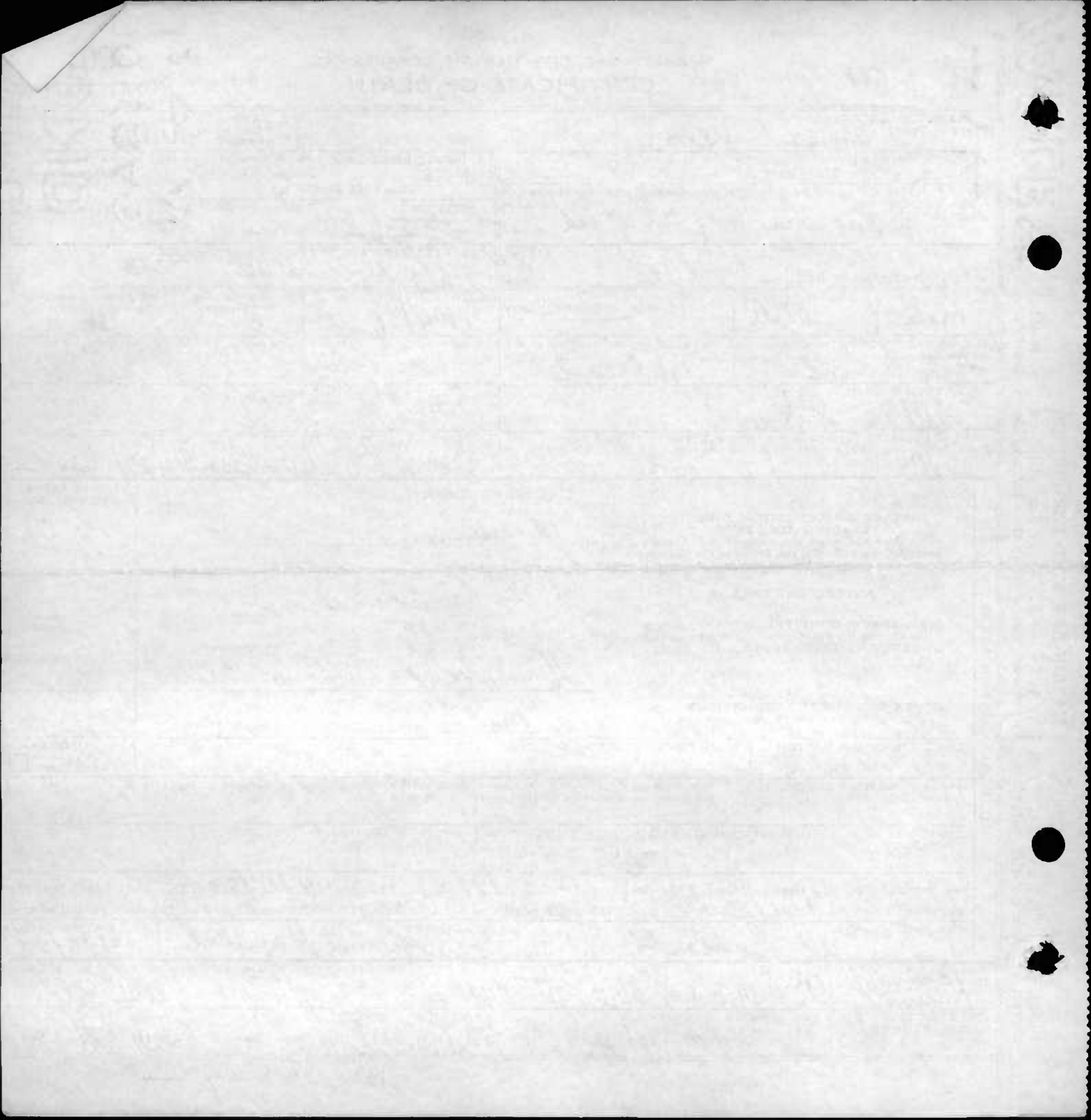
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Burgee Funeral Home, 3631 Falls Road

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3808

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) HARRY H. BROWN		2. DATE OF DEATH April 11, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION Ventnor Lodge 526 S. Chapel Gate Lane		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-01	
C. Length of stay in Baltimore Life Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 36 York Court	
5. SEX MALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Sept. 18, 1890
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stores Keeper		10B. KIND OF BUSINESS OR INDUSTRY U.S. Coast Guard	9. AGE (In years last birthday) 62 If Under 1 Year: Months: _____ Days: _____ If Under 24 Hours: Hours: _____ Min: _____
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Joseph H. Brown		14. MOTHER'S MAIDEN NAME Sarah Sapp	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 213-07-7875	
17. INFORMANT 36 York Court ADDRESS 18 Miss R. Justine Brown			

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH CHRONIC MYOCARDITIS AND MYOCARDIAL DEGENERATION ? (A) _____ DUE TO (B) Arteriosclerotic Heart Disease ? DUE TO (C) Generalized Arteriosclerosis ?	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **MARCH 30, 1953**, to **April 11, 1953** that I last saw the deceased alive on **April 11, 1953**, and that death occurred at **7:15 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE Melvin Y. Borden		23B. ADDRESS 5000 OLD FREDERICK ROAD		23C. DATE SIGNED 4/11/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 4/14/53		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	
				24D. LOCATION (City, town, or county) (State) Baltimore, Md.	

DATE RECEIVED BY LOCAL REGISTRAR APR 13 1953		REGISTRAR'S SIGNATURE Huntington Williams		FURNERAL DIRECTOR HENRY SANDER & SONS, INC.	
				ADDRESS BALTO., 13, MD.	

VS 150

39091

Melvin Y. Borden

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NAME: [illegible] SEX: [illegible] AGE: [illegible]

DATE OF BIRTH: [illegible] PLACE OF BIRTH: [illegible]

DATE OF DEATH: [illegible] PLACE OF DEATH: [illegible]

CAUSE OF DEATH: [illegible]

DATE OF INTERVIEW: [illegible] INTERVIEWER: [illegible]

DATE OF REPORT: [illegible] REPORTER: [illegible]

DATE OF ENTRY: [illegible] ENTRY: [illegible]

DATE OF REVIEW: [illegible] REVIEW: [illegible]

DATE OF CLOSURE: [illegible] CLOSURE: [illegible]

DATE OF REOPENING: [illegible] REOPENING: [illegible]

DATE OF REENTRY: [illegible] REENTRY: [illegible]

DATE OF REINTERVIEW: [illegible] REINTERVIEW: [illegible]

DATE OF REENTRY: [illegible] REENTRY: [illegible]

DATE OF REINTERVIEW: [illegible] REINTERVIEW: [illegible]

DATE OF REENTRY: [illegible] REENTRY: [illegible]

DATE OF REINTERVIEW: [illegible] REINTERVIEW: [illegible]

DATE OF REENTRY: [illegible] REENTRY: [illegible]

DATE OF REINTERVIEW: [illegible] REINTERVIEW: [illegible]

524
53 3809

PREISSLER
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3809

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Wilhelmina (Minnie) Preissler

2. DATE
OF
DEATH

4/11/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md

B. COUNTY

27-09

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

1522 Lochwood Rd

C. CITY OR TOWN

Baltimore Md

D. STREET ADDRESS (If rural, give location)

1522 Lochwood Rd

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE/MARRIED,

WIDOWED/DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Dec. 22, 1872

9. AGE (in years

last birthday)

80

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

—

13. FATHER'S NAME

Charles Bergen

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Clara Scott 1522 Lochwood Rd

ADDRESS

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

Bronchopneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis, generalized

DUE TO

(C)

Old myocardial infarct

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1951, 19, to April 11, 1953 that I last saw the deceased alive on 4/9/53, 19, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. L. Spauld

M. D.

23B. ADDRESS

112 E. Chen St.

23C. DATE SIGNED

4/13/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

4/13/53

24C. NAME OF CEMETERY OR CREMATORY

Fountain Hill Cem.

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

B. S. Slemmons

ADDRESS

6067 Hayford Rd

VS 150

Wm Speed
11 E. Chase

Page 62

53 3610

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3610
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Kunigunda Berger.

2. DATE
OF
DEATH 4/12/533. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTYB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)
4148 Falls Road.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore. 13-08D. STREET ADDRESS (If rural, give location)
4148 Falls Road.

c. Length of stay in Baltimore

Yrs.
Mos.
Days5. SEX
Female6. COLOR OR RACE
White.7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed.8. DATE OF BIRTH
Oct. 19, 18679. AGE (In years
last birthday)
85If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY
-----11. BIRTHPLACE (State or foreign country)
Germany.12. CITIZEN OF
WHAT COUNTRY?13. FATHER'S NAME
-----14. MOTHER'S MAIDEN NAME
-----15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
-----16. SOCIAL
SECURITY NO.
-----17. INFORMANT ADDRESS
Herman W. Berger. Brooklandville P.O.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) DUE TO
Coronary Thrombosis

24 Hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
Coronary Art. Disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 1, 1953 to Apr 12, 1953 that I last saw the
deceased alive on Apr 11, 1953, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Paul E. Chenoweth Jr. 3615-17 Chestnut Ave.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE,
January 1, 1901.
REPORT
OF THE
ATTORNEY GENERAL,
JAMES C. CLARK,
FOR THE YEAR
1900.

ALBANY:
JAMES C. CLARK,
ATTORNEY GENERAL,
1901.

ALBANY:
JAMES C. CLARK,
ATTORNEY GENERAL,
1901.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

<p>BIRTH NO. 53 3811</p>		<p>BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH</p>		<p>Registered No. 53 3811</p>	
<p>1. NAME OF DECEASED (Type or Print) MAUDE WILSON KELLY</p>			<p>2. DATE OF DEATH April 10, 1953</p>		
<p>3. PLACE OF DEATH: A. Baltimore City, Maryland</p>			<p>4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY</p>		
<p>B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Morgue</p>			<p>C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11-01</p>		
<p>c. Length of stay in Baltimore Unknown Yrs. Mos. Days</p>			<p>D. STREET ADDRESS (If rural, give location) 901 N. Calvert St.</p>		
<p>5. SEX Female</p>	<p>6. COLOR OR RACE White</p>	<p>7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced</p>	<p>8. DATE OF BIRTH Jan. 15, 1909</p>	<p>9. AGE (In years last birthday) 44</p>	<p>10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown</p>
<p>10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown</p>			<p>10B. KIND OF BUSINESS OR INDUSTRY</p>		
<p>11. BIRTHPLACE (State or foreign country) Jellico, Tenn.</p>			<p>12. CITIZEN OF WHAT COUNTRY?</p>		
<p>13. FATHER'S NAME William Wilson</p>			<p>14. MOTHER'S MAIDEN NAME Lulle Belle</p>		
<p>15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)</p>		<p>16. SOCIAL SECURITY NO.</p>		<p>17. INFORMANT ADDRESS Evants: Funeral Home, Evants, Ky.</p>	
<p>18. 581.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) (A) Fatty infiltration of liver DUE TO ANTECEDENT CAUSES (B) Acute alcoholism DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chronic alcoholism</p>			<p>INTERVAL BETWEEN ONSET AND DEATH</p>		
<p>19A. DATE OF OPERATION</p>		<p>19B. MAJOR FINDINGS OF OPERATION</p>		<p>20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	
<p>21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.</p>		<p>21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)</p>	
<p>21D. TIME (Month) (Day) (Year) (Hour) OF INJURY</p>		<p>21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>21F. HOW DID INJURY OCCUR?</p>	
<p>22. I certify that I took charge of the remains described above, held an <u>partial autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/>, accident <input type="checkbox"/>, suicide <input type="checkbox"/>, homicide <input type="checkbox"/>, undetermined <input type="checkbox"/>.</p>					
<p>23A. SIGNATURE R. Fisher</p>		<p>23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/></p>		<p>23C. DATE SIGNED April 10, 1953</p>	
<p>24A. BURIAL, CREMATION, REMOVAL (Specify) Burial</p>		<p>24B. DATE April 14/1953</p>		<p>24C. NAME OF CEMETERY OR CREMATORY Evants</p>	
<p>24D. LOCATION (City, town, or county) (State) Evants, Ky.</p>		<p>25. FUNERAL DIRECTOR ADDRESS Fred A. Cole, 1713 W. Baltimore</p>			
<p>DATE RECEIVED BY LOCAL REGISTRAR APR 13 1953</p>		<p>REGISTRAR'S SIGNATURE Huntington Williams, M.D.</p>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-166535

53 3812

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3812

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)E.
Clayton Runk2. DATE
OF
DEATH

April 12-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONBaltimore City Hospitals
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

237 S. Register St. zone 31

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

Yrs.
Mos.
Days

8. DATE OF BIRTH

July 8- 1899

9. AGE (In years last birthday)

62

10. Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Iron Moulder

10B. KIND OF BUSINESS OR INDUSTRY

Foundry

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

George Runk

14. MOTHER'S MAIDEN NAME

Liza / Diel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL SECURITY NO.
(If yes, give war or dates of service)

no

17. INFORMANT
ADDRESSBaltimore City Hospitals
Records: 4940 Eastern Ave.

18. 491x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

6 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ HOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-7-1953, to 4-12-1953 that I last saw the deceased alive on 4-12-1953, and that death occurred at 10PM m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Williams

23B. ADDRESS

M. O. 4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

April 12-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-15-53

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial Park

24D. LOCATION (City, town, or county)

Baltimore Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

APR 13 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

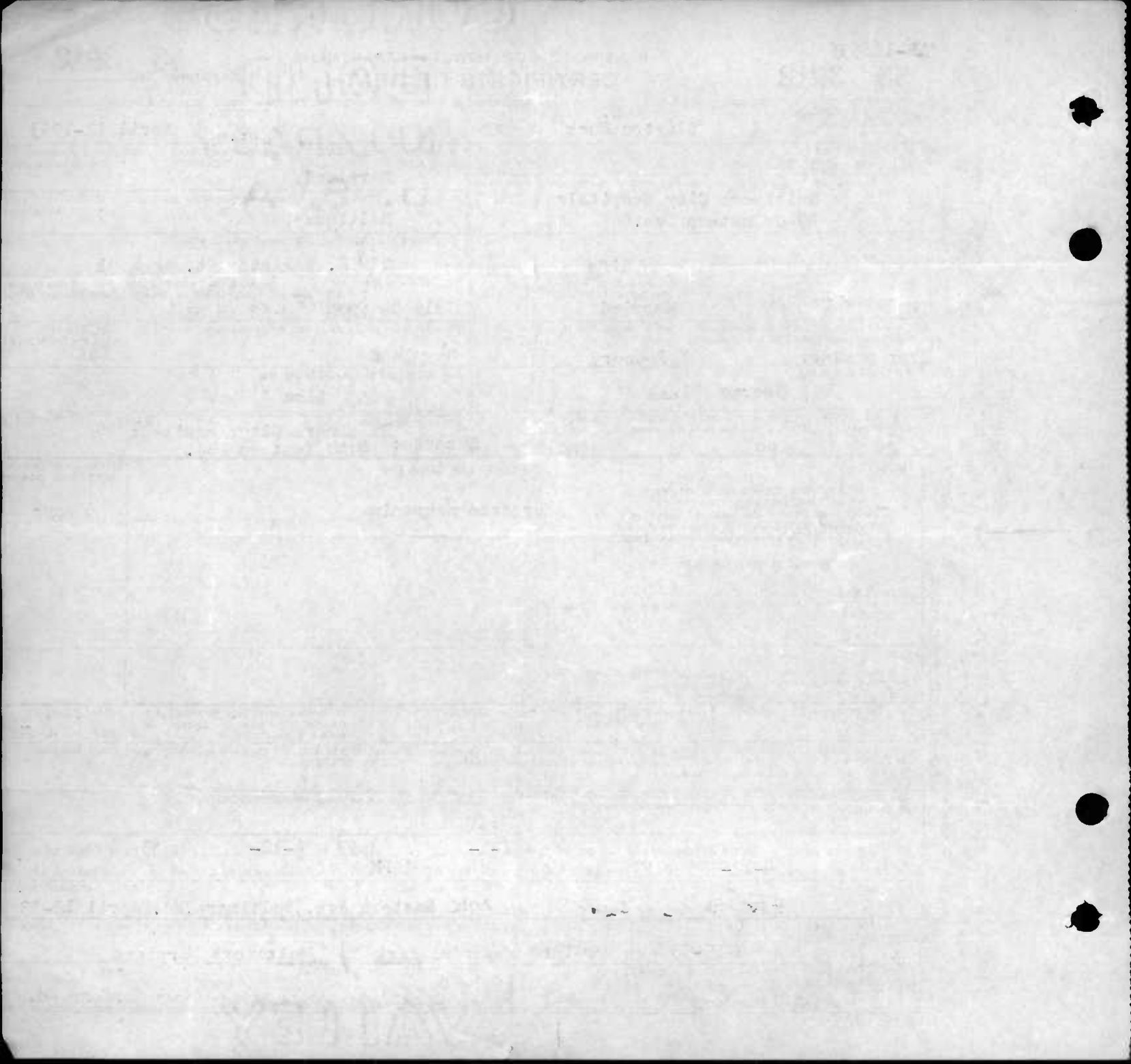
Mildred J. Blight

ADDRESS

6009 Harford Rd.

VS 150

6903B



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

GRODKOWSKI
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3613
Registered No.

53 3613
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Charles Kazimierz Grodkowski</i>			2. DATE OF DEATH <i>4-11-53</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>Balto City</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>2-03</i>		
b. FULL NAME OF (If not in hospital or institution, give street address or location) <i>619 S Durham Street</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto City</i>		
c. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) <i>619 S Durham Street</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>3-4-1888</i>		9. AGE (In years last birthday) <i>65</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laboret Maker Retired</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Poland</i>
13. FATHER'S NAME <i>Stanislaw Grodkowski</i>			14. MOTHER'S MAIDEN NAME <i>P</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>317-05-3942</i>		17. INFORMANT ADDRESS <i>Anna J Taylor 619 S Durham St.</i>
18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Chronic cardiac vascular disease</i> DUE TO <i>c. acute respiratory infection</i>					INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Apr 6</i> , 1953 to <i>Apr 11</i> , 1953, that I last saw the deceased alive on <i>Apr 11</i> , 1953, and that death occurred at <i>4:15 p.m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Dr. A. J. Taylor</i>		23b. ADDRESS <i>426 S Patterson Park Dr</i>		23c. DATE SIGNED <i>4/11/53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>4-15-53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Holy Cross Nat. Catholic</i>	
24d. LOCATION (City, town, or county) <i>Balto Co Md</i>					
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 15 1953</i>		REGISTRAR'S SIGNATURE <i>Thurston Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>W. Brundage 1407 Eastern Ave Rd</i>	

1912

RECEIVED

1912

1. The first part of the report is a general statement of the work done during the year. It is a summary of the work done by the various departments and is intended to give a general idea of the progress of the work.

2. The second part of the report is a detailed statement of the work done by each of the departments. It is a summary of the work done by each of the departments and is intended to give a general idea of the progress of the work.

3. The third part of the report is a detailed statement of the work done by each of the departments. It is a summary of the work done by each of the departments and is intended to give a general idea of the progress of the work.

4. The fourth part of the report is a detailed statement of the work done by each of the departments. It is a summary of the work done by each of the departments and is intended to give a general idea of the progress of the work.

5. The fifth part of the report is a detailed statement of the work done by each of the departments. It is a summary of the work done by each of the departments and is intended to give a general idea of the progress of the work.

6. The sixth part of the report is a detailed statement of the work done by each of the departments. It is a summary of the work done by each of the departments and is intended to give a general idea of the progress of the work.

7. The seventh part of the report is a detailed statement of the work done by each of the departments. It is a summary of the work done by each of the departments and is intended to give a general idea of the progress of the work.

8. The eighth part of the report is a detailed statement of the work done by each of the departments. It is a summary of the work done by each of the departments and is intended to give a general idea of the progress of the work.

9. The ninth part of the report is a detailed statement of the work done by each of the departments. It is a summary of the work done by each of the departments and is intended to give a general idea of the progress of the work.

10. The tenth part of the report is a detailed statement of the work done by each of the departments. It is a summary of the work done by each of the departments and is intended to give a general idea of the progress of the work.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

R-000 53 3014 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 3014 Registered No.	
1. NAME OF DECEASED (Type or Print) <i>Theodore H. Roy</i>			2. DATE OF DEATH <i>4/11/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>14-03</i>		
D. STREET ADDRESS (If rural, give location) <i>1930 McCulloh Street</i>			E. Length of stay in Baltimore <i>Life-time</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>12-31-1905</i>	9. AGE (In years last birthday) <i>28</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>waterfront</i>		
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>			12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		
13. FATHER'S NAME <i>Casper Roy</i>			14. MOTHER'S MAIDEN NAME <i>Charlotte Henry</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Charlotte Roy</i>			ADDRESS <i>1930 McCulloh St.</i>		
18. <i>322.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute Abdomen</i>			CAUSE OF DEATH (A) <i>Acute Abdomen</i> DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <i>Autopsy</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <i>natural causes</i> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William V. ...</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED <i>4/11/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4-14-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>	
24D. LOCATION (City, town, or county) (State) <i>Ba. Md.</i>		25. FUNERAL DIRECTOR <i>C. R. Law</i>		ADDRESS <i>802 Madison Ave.</i>	

1914 - 1915

1914 - 1915

1914



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3815

53 3815

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Vinson, Shillie

2. DATE
OF
DEATH

April 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

640 Perkins Ave. Apt. 2

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

June 19, 1903

9. AGE (In years

last birthday)

49

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Porter

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF

WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Jacob Vinson

14. MOTHER'S MAIDEN NAME

Patty Hines

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mary Ralph 118 Raleigh Ave S. 14th St. 9A

ADDRESS

18.

331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

36 HRS.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Essential Vascular Hypertension

?

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 12, 3:20 PM, 1953, to 8:25 PM April, 1953, that I last saw the
deceased alive on April 12, 1953, and that death occurred at 8:25 PM., from the causes and on the date stated above.

23A. SIGNATURE

W.M. Conway

M. D.

23B. ADDRESS

South Baltimore General Hosp.

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 13 1953

Huntington Williams, M.D.

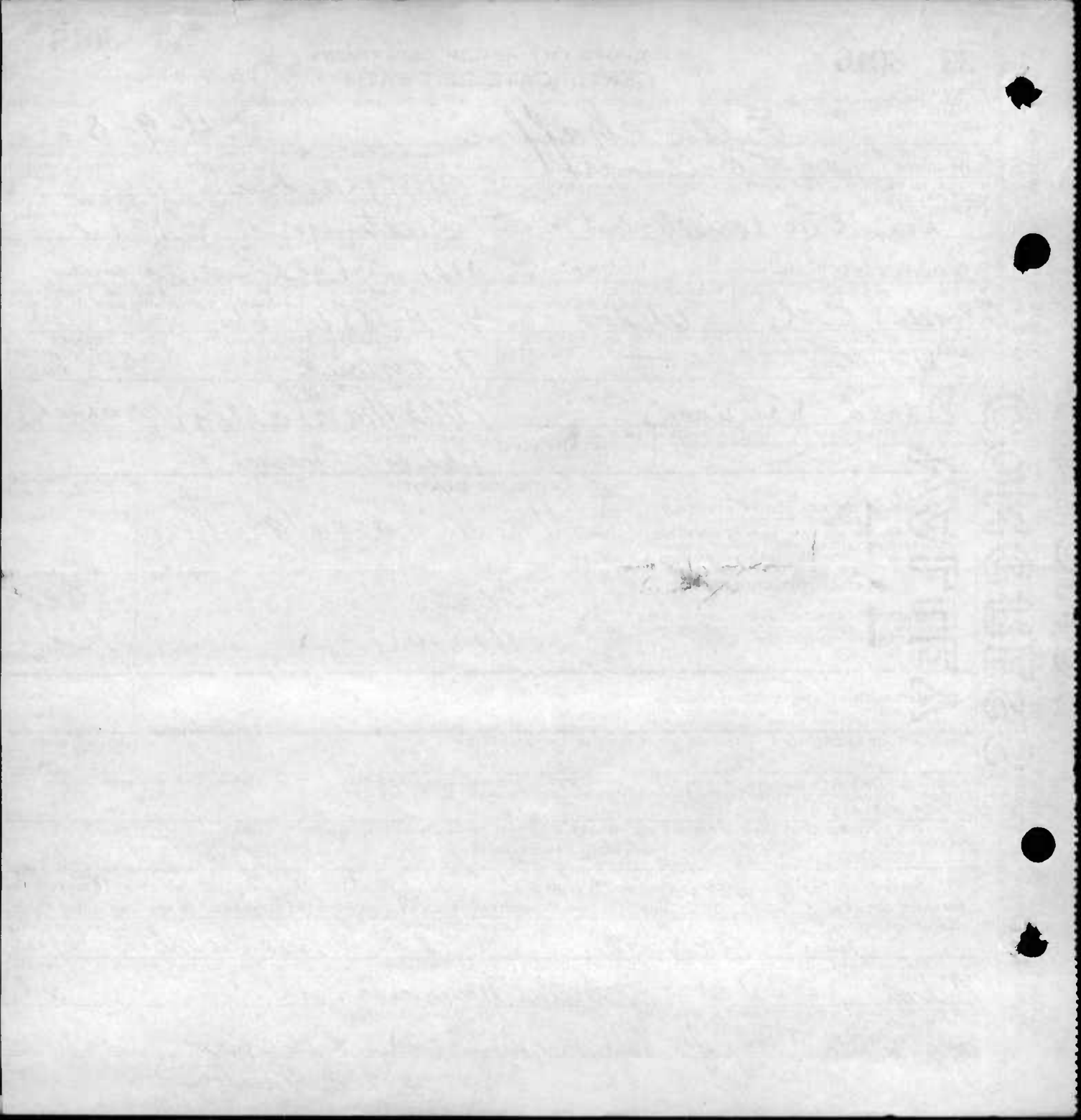
Mrs. Marie R. Williams 7. Schrock St. 322

150
53 3816BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3816

Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
			Ella Chaffin			4-9-53		
3. PLACE OF DEATH:			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
A. Baltimore City, Maryland			B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN					
Bar Wil Da Convalescent Home			Baltimore					
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location)					
35' 40'			2101 W. Cold Spring Ave.					
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH			9. AGE (In years last birthday)		
Female	Col	Widow	4-11-1887			66		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country)		
None			—			Virginia		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME			12. CITIZEN OF WHAT COUNTRY?		
David Johnson			Martha Talley			U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT		
						Elizabeth Darn		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
442x			Cardio-Vascular Renal			1 year		
ANTECEDENT CAUSES			Disease -			1 day		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			Uremia					
II			OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?		
						YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 1/5, 1953, to 4/9, 1953, that I last saw the deceased alive on 4/8, 1953 and that death occurred at 4 p.m., from the causes and on the date stated above.								
23A. SIGNATURE			23B. ADDRESS			23C. DATE SIGNED		
M. Jackson			600 W. Huntington			4/10/53		
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE			24C. NAME OF CEMETERY OR CREMATORY		
Burial			4/13/53			Arbutus Memorial Park		
24D. LOCATION (City, town, or county)			24E. FUNERAL DIRECTOR			24F. ADDRESS		
Baltimore			Rayner Sanders			217 E. Preston St		
DATE RECEIVED BY LOCAL REGISTRAR			REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR		
APR 13 1953			Huntington Williams, Jr.					



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3618**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sarah (Sadie) J. Parker

2. DATE
OF
DEATH

April-11-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Balto. City**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY **13-03**

B. FULL NAME OF (If not in hospital or institution, give street address or location)

2329 McCulloh Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2329 McCulloh Street

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Sept. 1. 1885

9. AGE (In years last birthday)

67

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charlie Green

14. MOTHER'S MAIDEN NAME

Luvenia Green

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Alice Bodery 2329 McCulloh St

18. **151X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cancer Stomach**
DUE TO

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Arteriosclerosis**
DUE TO

?

(C) **Arteriosclerosis**

1 week

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1-1-1953** to **4-10-1953**, that I last saw the deceased alive on **4-10-1953**, and that death occurred at **4:30 Am.**, from the causes and on the date stated above.

23A. SIGNATURE

James E. O'Leary

M. D.

23B. ADDRESS

2224 Madison Ave

23C. DATE SIGNED

4-11-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/13/53

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

Elmer O. Wilson 1000 Beauty

ADDRESS

STATE OF NEW YORK
CERTIFICATE OF DEATH

Name of Deceased		Date of Birth	
Sex		Race	
Marital Status		Place of Birth	
Usual Residence		Date of Death	
Cause of Death		Place of Death	
Physician's Signature		Physician's Name	
Signature of Informant		Signature of Registrar	
Date of Registration		Place of Registration	
County		City or Town	
State		Zip Code	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3619

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary J. Styles

2. DATE
OF
DEATH

April-10-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

804 West Fayette Street

C. CITY OR TOWN (If outside corporate limits, write full name and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

804 West Fayette Street

C. Length of stay in Baltimore

10 Yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug-11-88

9. AGE (In years
last birthday)

61

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Jason Pack

14. MOTHER'S MAIDEN NAME

Rebecca Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Laura Bly 1625 Laurence St

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Decubitus (infected)

2 wks?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 7, 1953, to Apr 2, 1953, that I last saw the
deceased alive on April 1, 1953, and that death occurred at 8:45 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

4/14/53

TOWN NECK

A. A. CO., MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH

TO BE FILLED BY THE REGISTRAR

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

PLACE OF MARRIAGE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

PLACE OF MARRIAGE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 3820**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY LYCETT

2. DATE
OF
DEATH

Apr 9, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1410 Coakosie St.

C. CITY OR TOWN

Balto

(If outside corporate limits, write RURAL and give township)

24-01

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1410 Coakosie St

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Jan. 23, 1891

9. AGE (In years

last birthday)

62 yrs

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Scheeler

14. MOTHER'S MAIDEN NAME

Guill

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

214-01-8267

17. INFORMANT

Mildred Horak

ADDRESS

1410 Coakosie St.

18. 232X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Vascular Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized arteriosclerosis

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

3 Months

3+

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐

m.

WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12, 1952, to April 9, 1953, that I last saw the deceased alive on 4/8, 1953, and that death occurred at 3 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. E. Schum

23B. ADDRESS

107 E. West St

23C. DATE SIGNED

4/10/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Apr. 13, 1953

24C. NAME OF CEMETERY OR CREMATORY

Mt Olivet

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

APR 13 1953

REGISTRAR'S SIGNATURE

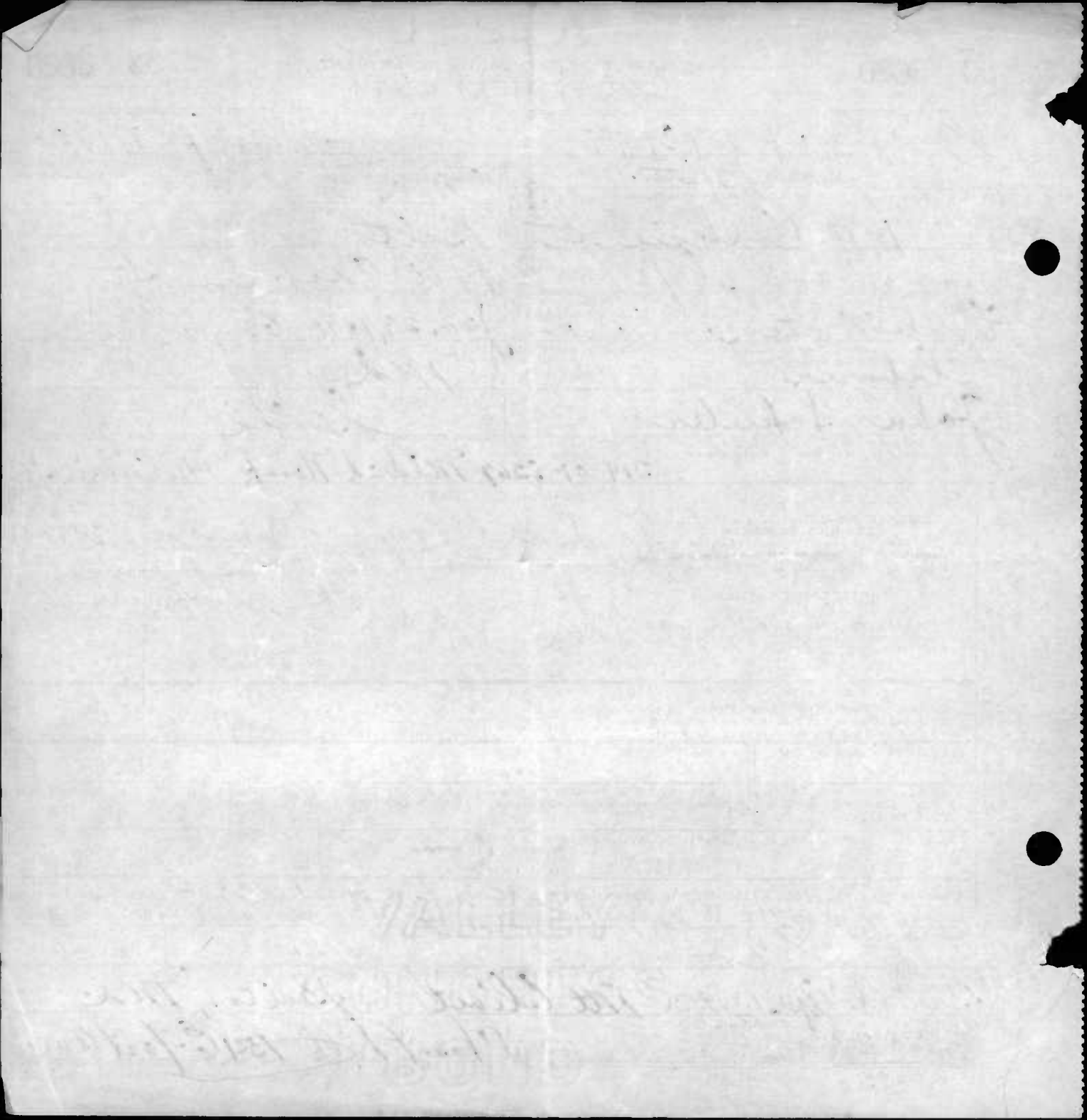
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Bill

ADDRESS

1541 E. Fort Ave.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 3621**

1. NAME OF DECEASED (Type or Print) WILLIAM EDGAR WASHINGTON			2. DATE OF DEATH April 8, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Pennsylvania B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chester		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1611 Concord Road		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 7, 1917	9. AGE (In years last birthday) 35	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Bald, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Washington			14. MOTHER'S MAIDEN NAME Viola Brown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Hilda Howell 1210 E. Lehigh St.		
18. E816.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Crushing injury of chest			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Fracture of skull with minor subdural hemorrhage and contusion of brain					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) McMechen and John Streets 1411	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY April 8, 1953 1:00 P. m.		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? truck Driver of trailer truck which hit another	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE RKF isher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED April 9, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE April 14/53	24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem.		24D. LOCATION (City, town, or county) (State) A. A. County Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 13 1953		REGISTRAR'S SIGNATURE Wilmington Williams		25. FUNERAL DIRECTOR ADDRESS Mrs. P. H. A. Elliott & Daughter 1129 N. Caroline St.	

VS 151

N862.2

97099

1878

RECEIVED FROM THE
TREASURY DEPT.

1878



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3622**

BIRTH NO. **53 3622**

1. NAME OF DECEASED (Type or Print) <i>Lydia Garnett</i>			2. DATE OF DEATH <i>April 11/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>124 S. Caroline St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>124 S. Caroline St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Aug 6 1910</i>	9. AGE (in years last birthday) <i>43</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Balt. County</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Addeason Couplin</i>			14. MOTHER'S MAIDEN NAME <i>Lydia ?</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Mary Lynch 124 S. Caroline St.</i>		

18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH <i>Cerebral Tumor large 12 hours.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DUE TO <i>Malignant Hypertension 3 mos.</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan*, 19*53* to *April*, 19*53*, that I last saw the deceased alive on *April 11*, 19*53*, and that death occurred at *6.30* p. m., from the causes and on the date stated above.

23A. SIGNATURE <i>G. C. Surwell</i>	M. D. <i>121 Ainsworth ST</i>	23C. DATE SIGNED <i>4/13/53</i>
--	----------------------------------	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>April 15/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Beth National Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Beth Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>42813</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Mrs. F. H. A. Edmon</i>	ADDRESS <i>Daughter</i>

VS 150

7208A

11297 Caroline St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3623
Registered No. 53 3623

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <u>MILLER, EDWARD SCHINDLER</u>			2. DATE OF DEATH <u>4-10-53</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>md</u> B. COUNTY <u>Balto</u>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>UNIVERSITY HOSPITAL</u>			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Hyde Park</u>	
7. Length of stay in Baltimore <u>Life</u> Yrs. _____ Mos. _____ Days _____			8. STREET ADDRESS (If rural, give location) <u>Box 322 Rt #1</u> <u>5300</u>	
9. SEX <u>Male</u>	10. COLOR OR RACE <u>White</u>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	12. DATE OF BIRTH <u>8-4-1904</u>	
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate</u>			14. AGE (in years last birthday) <u>49</u>	
15. KIND OF BUSINESS OR INDUSTRY <u>Self</u>			16. BIRTHPLACE (State or foreign country) <u>Balto., Md.</u>	
17. FATHER'S NAME <u>Samuel Miller</u>			18. CITIZEN OF WHAT COUNTRY? _____	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			20. SOCIAL SECURITY NO. _____	
21. INFORMANT <u>Harry E. Miller (106 Alcock Rd.)</u>			22. ADDRESS _____	

23. <u>420.1</u> CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <u>MYOCARDIAL INFARCT</u> DUE TO _____		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO _____ (C) _____		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

24. DATE OF OPERATION		25. MAJOR FINDINGS OF OPERATION		26. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
27. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		28. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		29. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
30. TIME (Month) (Day) (Year) (Hour) OF INJURY		31. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		32. HOW DID INJURY OCCUR?

23. I hereby certify that I attended the deceased from 4-8-53, 1953, to 4-10-53, 1953, that I last saw the deceased alive on 4-10-53, 1953 and that death occurred at 6P m., from the causes and on the date stated above.

33. SIGNATURE <u>Harry M. Walsh</u>		34. ADDRESS <u>University Hospital</u>		35. DATE SIGNED <u>4-10-53</u>
36. BURIAL, CREMATION, REMOVAL (Specify)		37. NAME OF CEMETERY OR CREMATORY		38. LOCATION (City, town, or county) (State)
<u>Burial</u>		<u>Cak Lawn Cem.</u>		<u>Balto., Co., Md.</u>
39. DATE RECEIVED BY LOCAL REGISTRAR		40. REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		41. FUNERAL DIRECTOR <u>S. Connolly</u>
<u>APR 13 1953</u>		<u>470 74</u>		<u>418 Eastern Ave Balto 21, Md.</u>

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

642
53 3624BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3624
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

David Ehrlich

2. DATE
OF
DEATH

4-13-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mt Zion Nursing Home

C. Length of stay in Baltimore

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4421-17th St NW

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 200.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/9, 1953, to 4/12, 1953, that I last saw the
deceased alive on 4/12, 1953, and that death occurred at 6 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

2906A

3507-14 St NW.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered **53 3825**

1. NAME OF DECEASED
(Type or Print)

Charlotte D. Brown

2. DATE OF DEATH

April 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Baltimore - Md*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Maryland* B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION *Hospital for the Women of Maryland*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

500 Rose Hill Terrace

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Franklin Dashiell

14. MOTHER'S MAIDEN NAME

Charlotte Chambers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Wade E. Brown 500 Rose Hill Terrace

18. *199.9*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *Tachexia, anaemia*

1 1/2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Melastatic generalized carcinoma*

1 1/2 yrs

(C) *Carcinoma, primary site undetermined*

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4/12*, 19*53*, to *4/12*, 19*53*, that I last saw the deceased alive on *4/12*, 19*53*, and that death occurred at *2:15* p. m., from the causes and on the date stated above.

23A. SIGNATURE

Hildefred Heard Reisman

M. D.

23B. ADDRESS

Women's Hospital, Baltimore

23C. DATE SIGNED

4/12/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

4/15/53

Morland Park

Parkville Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D. 1217 St. Paul St.

VS 150

Medical Examiner was notified by the undersigned physician.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

[Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side.]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3626

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dorothea Bayer

2. DATE
OF
DEATH

4/11/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

2075 Rockrose Ave

C. CITY OR TOWN

Balto

D. STREET ADDRESS (If rural, give location)

106 N. Highland Ave

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1/19/1884

9. AGE (In years last birthday)

69

If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Clerk

10B. KIND OF BUSINESS OR INDUSTRY

Stewart & Co

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Bayer

14. MOTHER'S MAIDEN NAME

Katherine Peacock

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Wm. Berger 403 N. East Ave

ADDRESS

18. *422.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebral Vascular Accident*

DUE TO *Artemia*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Arteriosclerotic C. V. H. D.*

DUE TO *Generalized Arteriosclerosis*

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *3/5*, 19*53*, to *4/11*, 19*53*, that I last saw the deceased alive on *4/11/53*, and that death occurred at *5A.* m., from the causes and on the date stated above.

23A. SIGNATURE

William C. Applegate

23B. ADDRESS

2571 Reisterstown Rd

23C. DATE SIGNED

4/12/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/14/53

24C. NAME OF CEMETERY OR CREMATORY

Balto.

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook Inc. 1217 St. Paul St.

CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF DEATH	
5. PLACE OF DEATH		6. CAUSE OF DEATH		7. MANNER OF DEATH		8. SIGNATURE OF DECEASED	
9. SIGNATURE OF WITNESSES		10. SIGNATURE OF PHYSICIAN		11. SIGNATURE OF CORONER		12. SIGNATURE OF JURY	
13. SIGNATURE OF DECEASED		14. SIGNATURE OF WITNESSES		15. SIGNATURE OF PHYSICIAN		16. SIGNATURE OF CORONER	
17. SIGNATURE OF DECEASED		18. SIGNATURE OF WITNESSES		19. SIGNATURE OF PHYSICIAN		20. SIGNATURE OF CORONER	
21. SIGNATURE OF DECEASED		22. SIGNATURE OF WITNESSES		23. SIGNATURE OF PHYSICIAN		24. SIGNATURE OF CORONER	
25. SIGNATURE OF DECEASED		26. SIGNATURE OF WITNESSES		27. SIGNATURE OF PHYSICIAN		28. SIGNATURE OF CORONER	
29. SIGNATURE OF DECEASED		30. SIGNATURE OF WITNESSES		31. SIGNATURE OF PHYSICIAN		32. SIGNATURE OF CORONER	
33. SIGNATURE OF DECEASED		34. SIGNATURE OF WITNESSES		35. SIGNATURE OF PHYSICIAN		36. SIGNATURE OF CORONER	
37. SIGNATURE OF DECEASED		38. SIGNATURE OF WITNESSES		39. SIGNATURE OF PHYSICIAN		40. SIGNATURE OF CORONER	
41. SIGNATURE OF DECEASED		42. SIGNATURE OF WITNESSES		43. SIGNATURE OF PHYSICIAN		44. SIGNATURE OF CORONER	
45. SIGNATURE OF DECEASED		46. SIGNATURE OF WITNESSES		47. SIGNATURE OF PHYSICIAN		48. SIGNATURE OF CORONER	
49. SIGNATURE OF DECEASED		50. SIGNATURE OF WITNESSES		51. SIGNATURE OF PHYSICIAN		52. SIGNATURE OF CORONER	
53. SIGNATURE OF DECEASED		54. SIGNATURE OF WITNESSES		55. SIGNATURE OF PHYSICIAN		56. SIGNATURE OF CORONER	
57. SIGNATURE OF DECEASED		58. SIGNATURE OF WITNESSES		59. SIGNATURE OF PHYSICIAN		60. SIGNATURE OF CORONER	
61. SIGNATURE OF DECEASED		62. SIGNATURE OF WITNESSES		63. SIGNATURE OF PHYSICIAN		64. SIGNATURE OF CORONER	
65. SIGNATURE OF DECEASED		66. SIGNATURE OF WITNESSES		67. SIGNATURE OF PHYSICIAN		68. SIGNATURE OF CORONER	
69. SIGNATURE OF DECEASED		70. SIGNATURE OF WITNESSES		71. SIGNATURE OF PHYSICIAN		72. SIGNATURE OF CORONER	
73. SIGNATURE OF DECEASED		74. SIGNATURE OF WITNESSES		75. SIGNATURE OF PHYSICIAN		76. SIGNATURE OF CORONER	
77. SIGNATURE OF DECEASED		78. SIGNATURE OF WITNESSES		79. SIGNATURE OF PHYSICIAN		80. SIGNATURE OF CORONER	
81. SIGNATURE OF DECEASED		82. SIGNATURE OF WITNESSES		83. SIGNATURE OF PHYSICIAN		84. SIGNATURE OF CORONER	
85. SIGNATURE OF DECEASED		86. SIGNATURE OF WITNESSES		87. SIGNATURE OF PHYSICIAN		88. SIGNATURE OF CORONER	
89. SIGNATURE OF DECEASED		90. SIGNATURE OF WITNESSES		91. SIGNATURE OF PHYSICIAN		92. SIGNATURE OF CORONER	
93. SIGNATURE OF DECEASED		94. SIGNATURE OF WITNESSES		95. SIGNATURE OF PHYSICIAN		96. SIGNATURE OF CORONER	
97. SIGNATURE OF DECEASED		98. SIGNATURE OF WITNESSES		99. SIGNATURE OF PHYSICIAN		100. SIGNATURE OF CORONER	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 387

53 387

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth Rush

2. DATE
OF
DEATH

April 11-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto

4. USUAL RESIDENCE (Where deceased lived before admission)
A. STATE

Md.

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

3901 Fleetwood Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

27-05

D. STREET ADDRESS (If rural, give location)

3901 Fleetwood Ave

c. Length of stay in Baltimore

Life

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug 6 1879

9. AGE (In years
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work performed most of working life, even if retired)

Saleslady

10B. KIND OF BUSINESS OR
INDUSTRY

Stewart Co.

11. BIRTHPLACE (State or foreign country)

Balto.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Rush

14. MOTHER'S MAIDEN NAME

Margaret Manning

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SPECIAL SECURITY NO.

443X

17. INFORMANT

Anna A. Rush 3901 Fleetwood Ave

ADDRESS

18.

443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cardio-Vascular Hypertensive Disease

4 years

(C)

Arteriosclerosis

4 years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1949, to 11 April, 1953, that I last saw the deceased alive on 10 April, 1953, and that death occurred at 3:35 p.m. from the causes and on the date stated above.

23A. SIGNATURE

Michael J. Dausch

23B. ADDRESS

4636 Belair Rd

23C. DATE SIGNED

4-11-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

APRIL 14-53

24C. NAME OF CEMETERY OR CREMATORY

NEW CATHEDRAL CEM

24D. LOCATION (City, town, or county) (State)

OLD FREDERICK RD MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

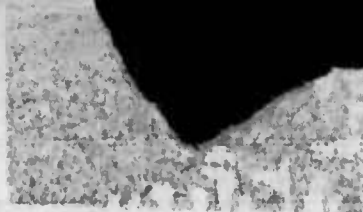
Dyffel Bldg 7110 BELAIR RD.

APR 15 1953

VS 150

4906C

STATE OF DEATH



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3628
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JULIA E. LEUTBECHER

2. DATE
OF
DEATH

April 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

315 Ilchester Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

315 Ilchester Ave.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

May 30, 1892

9. AGE (In years
last birthday)

60

10. Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

-- Melanchton Myers

14. MOTHER'S MAIDEN NAME

-- Sevilla Charlotta Fleagle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS Ave

Mr. Walter E. Leutbecher - 315 Ilchester

18. 410X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Occlusion

1 hr?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Myocardial Fibrosis

many

DUE TO

(C)

Rheumatic Heart Disease

many

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Mitral Stenosis

many

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 12, 1945, to Apr. 11, 1953, that I last saw the deceased alive on Mar. 31, 1953, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Doct. B. Wright

23B. ADDRESS

Medical Arts Bldg.

23C. DATE SIGNED

4/13/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

4/14/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Dickner & Sons

ADDRESS

Baths 17, Md.

CALIFORNIA DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE	
4. DATE OF DEATH		5. TIME OF DEATH		6. PLACE OF DEATH	
7. CAUSE OF DEATH		8. MANNER OF DEATH		9. SIGNATURE OF PHYSICIAN	
10. SIGNATURE OF REGISTRAR		11. SIGNATURE OF WITNESSES		12. SIGNATURE OF DECEASED	
13. SIGNATURE OF FUNERAL HOME		14. SIGNATURE OF BURIAL PLACE		15. SIGNATURE OF INTERVIEWER	
16. SIGNATURE OF INTERVIEWER		17. SIGNATURE OF INTERVIEWER		18. SIGNATURE OF INTERVIEWER	
19. SIGNATURE OF INTERVIEWER		20. SIGNATURE OF INTERVIEWER		21. SIGNATURE OF INTERVIEWER	
22. SIGNATURE OF INTERVIEWER		23. SIGNATURE OF INTERVIEWER		24. SIGNATURE OF INTERVIEWER	
25. SIGNATURE OF INTERVIEWER		26. SIGNATURE OF INTERVIEWER		27. SIGNATURE OF INTERVIEWER	
28. SIGNATURE OF INTERVIEWER		29. SIGNATURE OF INTERVIEWER		30. SIGNATURE OF INTERVIEWER	
31. SIGNATURE OF INTERVIEWER		32. SIGNATURE OF INTERVIEWER		33. SIGNATURE OF INTERVIEWER	
34. SIGNATURE OF INTERVIEWER		35. SIGNATURE OF INTERVIEWER		36. SIGNATURE OF INTERVIEWER	
37. SIGNATURE OF INTERVIEWER		38. SIGNATURE OF INTERVIEWER		39. SIGNATURE OF INTERVIEWER	
40. SIGNATURE OF INTERVIEWER		41. SIGNATURE OF INTERVIEWER		42. SIGNATURE OF INTERVIEWER	
43. SIGNATURE OF INTERVIEWER		44. SIGNATURE OF INTERVIEWER		45. SIGNATURE OF INTERVIEWER	
46. SIGNATURE OF INTERVIEWER		47. SIGNATURE OF INTERVIEWER		48. SIGNATURE OF INTERVIEWER	
49. SIGNATURE OF INTERVIEWER		50. SIGNATURE OF INTERVIEWER		51. SIGNATURE OF INTERVIEWER	
52. SIGNATURE OF INTERVIEWER		53. SIGNATURE OF INTERVIEWER		54. SIGNATURE OF INTERVIEWER	
55. SIGNATURE OF INTERVIEWER		56. SIGNATURE OF INTERVIEWER		57. SIGNATURE OF INTERVIEWER	
58. SIGNATURE OF INTERVIEWER		59. SIGNATURE OF INTERVIEWER		60. SIGNATURE OF INTERVIEWER	
61. SIGNATURE OF INTERVIEWER		62. SIGNATURE OF INTERVIEWER		63. SIGNATURE OF INTERVIEWER	
64. SIGNATURE OF INTERVIEWER		65. SIGNATURE OF INTERVIEWER		66. SIGNATURE OF INTERVIEWER	
67. SIGNATURE OF INTERVIEWER		68. SIGNATURE OF INTERVIEWER		69. SIGNATURE OF INTERVIEWER	
70. SIGNATURE OF INTERVIEWER		71. SIGNATURE OF INTERVIEWER		72. SIGNATURE OF INTERVIEWER	
73. SIGNATURE OF INTERVIEWER		74. SIGNATURE OF INTERVIEWER		75. SIGNATURE OF INTERVIEWER	
76. SIGNATURE OF INTERVIEWER		77. SIGNATURE OF INTERVIEWER		78. SIGNATURE OF INTERVIEWER	
79. SIGNATURE OF INTERVIEWER		80. SIGNATURE OF INTERVIEWER		81. SIGNATURE OF INTERVIEWER	
82. SIGNATURE OF INTERVIEWER		83. SIGNATURE OF INTERVIEWER		84. SIGNATURE OF INTERVIEWER	
85. SIGNATURE OF INTERVIEWER		86. SIGNATURE OF INTERVIEWER		87. SIGNATURE OF INTERVIEWER	
88. SIGNATURE OF INTERVIEWER		89. SIGNATURE OF INTERVIEWER		90. SIGNATURE OF INTERVIEWER	
91. SIGNATURE OF INTERVIEWER		92. SIGNATURE OF INTERVIEWER		93. SIGNATURE OF INTERVIEWER	
94. SIGNATURE OF INTERVIEWER		95. SIGNATURE OF INTERVIEWER		96. SIGNATURE OF INTERVIEWER	
97. SIGNATURE OF INTERVIEWER		98. SIGNATURE OF INTERVIEWER		99. SIGNATURE OF INTERVIEWER	
100. SIGNATURE OF INTERVIEWER		101. SIGNATURE OF INTERVIEWER		102. SIGNATURE OF INTERVIEWER	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3629
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MAMIE CHARLES

2. DATE
OF
DEATH

April 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

2124 Wilkens Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2124 Wilkens Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb. 5, 1880

9. AGE (In years
last birthday)

73

If Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Homer W. Charles - 2124 Wilkens Ave.

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral thrombosis

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

arteriosclerosis

2 yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

22. I hereby certify that I attended the deceased from 3/10, 1953 to 3/11, 1953, that I last saw the deceased alive on 3/11, 1953, and that death occurred at 6:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Margaret Wells M.D. 2030 Wilkens Ave. 4/12/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/13/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 13 1953

Huntington Williams, Jr. Dr. M. J. Tichenor & Sons

VS 150

Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Race		4. Date of birth		5. Place of birth		6. Date of death		7. Place of death		8. Cause of death		9. Manner of death		10. Signature of physician		11. Signature of registrar		12. Signature of informant	
						</																	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3630

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Morris, Anna M.*2. DATE
OF
DEATH*4-11-53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION*Maryland General Hosp.*Yrs.
Mos.
Days

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

732 Lennox St (17)

c. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Married*

8. DATE OF BIRTH

*11-10-96*9. AGE (in years
last birthday)*56*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*housewife*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Baltimore, Md.*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edward Guckert

14. MOTHER'S MAIDEN NAME

*Mamie Griffin*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*No*16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*William H Morris 732 Lennox St*18. *443x*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Hypertensive cardio-vascular disease*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Cerebro-vascular accident*

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4-11* *1953* to *4-11* *1953*, that I last saw the
deceased alive on *4-11* *1953*, and that death occurred at *6:25* *Pm.*, from the causes and on the date stated above.

23A. SIGNATURE

Sze-jui Lin

M. D.

23B. ADDRESS

Md General Hospital

23C. DATE SIGNED

*Apr 12 1953*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

4/15/53

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge Memorial Park

24D. LOCATION (City, town, or county)

Elkridge, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Tiekner & Sons

ADDRESS

Route 17, Md.

CONFIDENTIAL
EXCLUDED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 3631

BIRTH NO.		347-1000	
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
WILLIAM J. HOOVER		4/11/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSPITAL, INC.		MD. Baltimore	
C. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CATONSVILLE RURAL	
5. SEX M		D. STREET ADDRESS (If rural, give location) 217 GARDEN RIDGE RD. 5352	
6. COLOR OR RACE W		8. DATE OF BIRTH Jan. 31, 1889	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M		9. AGE (In years last birthday) 64	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SELF EMPLOYED		11. BIRTHPLACE (State or foreign country) MARYLAND	
10B. KIND OF BUSINESS OR INDUSTRY CONFECTIONARY		12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME JOHN E. HOOVER		14. MOTHER'S MAIDEN NAME CATHERINE KERCHNER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) UNK		16. SOCIAL SECURITY NO. 025-03-9403	
17. INFORMANT SAME		ADDRESS	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 155X I CARCINOMATOSIS DUE TO CARCINOMA GALL BLADDER ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 3/13/53		19B. MAJOR FINDINGS OF OPERATION CARCINOMATOSIS - CA GALL BLADDER	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/9/53, 1953, to 4/11/53, 1953 that I last saw the deceased alive on 4/11, 1953 and that death occurred at 8:30 A.M., from the causes and on the date stated above.			
23A. SIGNATURE John J. Shuck		23B. ADDRESS Mercy Hosp.	
23C. DATE SIGNED 4/11/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/15/53	
24C. NAME OF CEMETERY OR CREMATORY Cathedral Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 13 1953		REGISTRAR'S SIGNATURE H. J. Tipton	
25. FUNERAL DIRECTOR J. M. J. Tipton		ADDRESS 2906A Balto 17, Md.	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3832
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Audrey Isabelle Welker.

2. DATE
OF
DEATH

April 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, give AL and give township)

Baltimore - 2

c. Length of stay in Baltimore

35yrs.

D. STREET ADDRESS (If rural, give location)

31 E. Mt. Vernon Place.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan 20, 1918

9. AGE (In years
last birthday)

35

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Samuel E. Oldershaw

14. MOTHER'S MAIDEN NAME

Margaret Starely

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Paul L. Welker - 31 E. Mt. Vernon Pl.

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH.
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Carcinoma of Sigmoid Colon
with metastases.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

4-7-53

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Sigmoid Colon with metastases.

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 4/1, 1953, to 4/12, 1953, that I last saw the
deceased alive on 4/12, 1953, and that death occurred at 10 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Walter G. Osseman, Jr. M. D.

23B. ADDRESS

2800 E. Chase Street

23C. DATE SIGNED

4/12/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/15/53

24C. NAME OF CEMETERY OR CREMATORY

Landon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Pickner & Sons
Baltimore, Md.

1931

1931

1931

1931

1931

1931

RECEIVED BY THE AIR MAIL SERVICE
OFFICE OF THE AIR MAIL SERVICE
1931

MARGIN RESERVED FOR BINDING

PLEASE PRINT FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. To be especially important. Physicians: please write the causes of death clearly and legibly.

520
33 3833

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3833

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) JOHN MILTON SNOOK	
2. DATE OF DEATH April 11, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 211 Mallow Hill Ave.	
C. CITY OR TOWN (If outside corporate limits, write R. H. and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 211 Mallow Hill Ave.	
c. Length of stay in Baltimore	
5. SEX male	6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH July 28, 1882	
9. AGE (In years last birthday) 70	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) custom officer rtd	
10B. KIND OF BUSINESS OR INDUSTRY U. S. Government	
11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John A. Snook	
14. MOTHER'S MAIDEN NAME Minerva S. Holland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no	
16. SOCIAL SECURITY NO. no	
17. INFORMANT Mrs. Carrie Snook - 211 Mallow Hill Ave	
18. 331X and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Vascular Accident DUE TO ANTECEDENT CAUSES Generalized Arteriosclerosis DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes Mellitus	
INTERVAL BETWEEN ONSET AND DEATH 3 days About 5 years 5 years	
19A. DATE OF OPERATION 0	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July, 1948 to April 11, 1953, that I last saw the deceased alive on April 11, 1953, and that death occurred at 11:25 A.M., from the causes and on the date stated above.	
23A. SIGNATURE J. J. S. M. D.	
23B. ADDRESS 11 Mallow Hill Ave	
23C. DATE SIGNED 4/11/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 4/11/53	
24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 13 1953	
REGISTRAR'S SIGNATURE Huntington Hill	
25. FUNERAL DIRECTOR J. J. S. M. D.	
ADDRESS Balto 17, Md.	

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

1911

NAME OF DECEASED

AGE

SEX

RACE

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

TIME OF DEATH

NAME OF PHYSICIAN

SIGNATURE OF PHYSICIAN

DATE OF SIGNATURE

PLACE OF SIGNATURE

NAME OF REGISTRAR

SIGNATURE OF REGISTRAR

DECEASED BY

DATE OF DEATH

PLACE OF DEATH

TIME OF DEATH

NAME OF PHYSICIAN

SIGNATURE OF PHYSICIAN

DATE OF SIGNATURE

PLACE OF SIGNATURE

NAME OF REGISTRAR

SIGNATURE OF REGISTRAR

DECEASED BY
DATE OF DEATH
PLACE OF DEATH
TIME OF DEATH
NAME OF PHYSICIAN
SIGNATURE OF PHYSICIAN
DATE OF SIGNATURE
PLACE OF SIGNATURE
NAME OF REGISTRAR
SIGNATURE OF REGISTRAR

DECEASED BY

DATE OF DEATH

PLACE OF DEATH

TIME OF DEATH

NAME OF PHYSICIAN

SIGNATURE OF PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

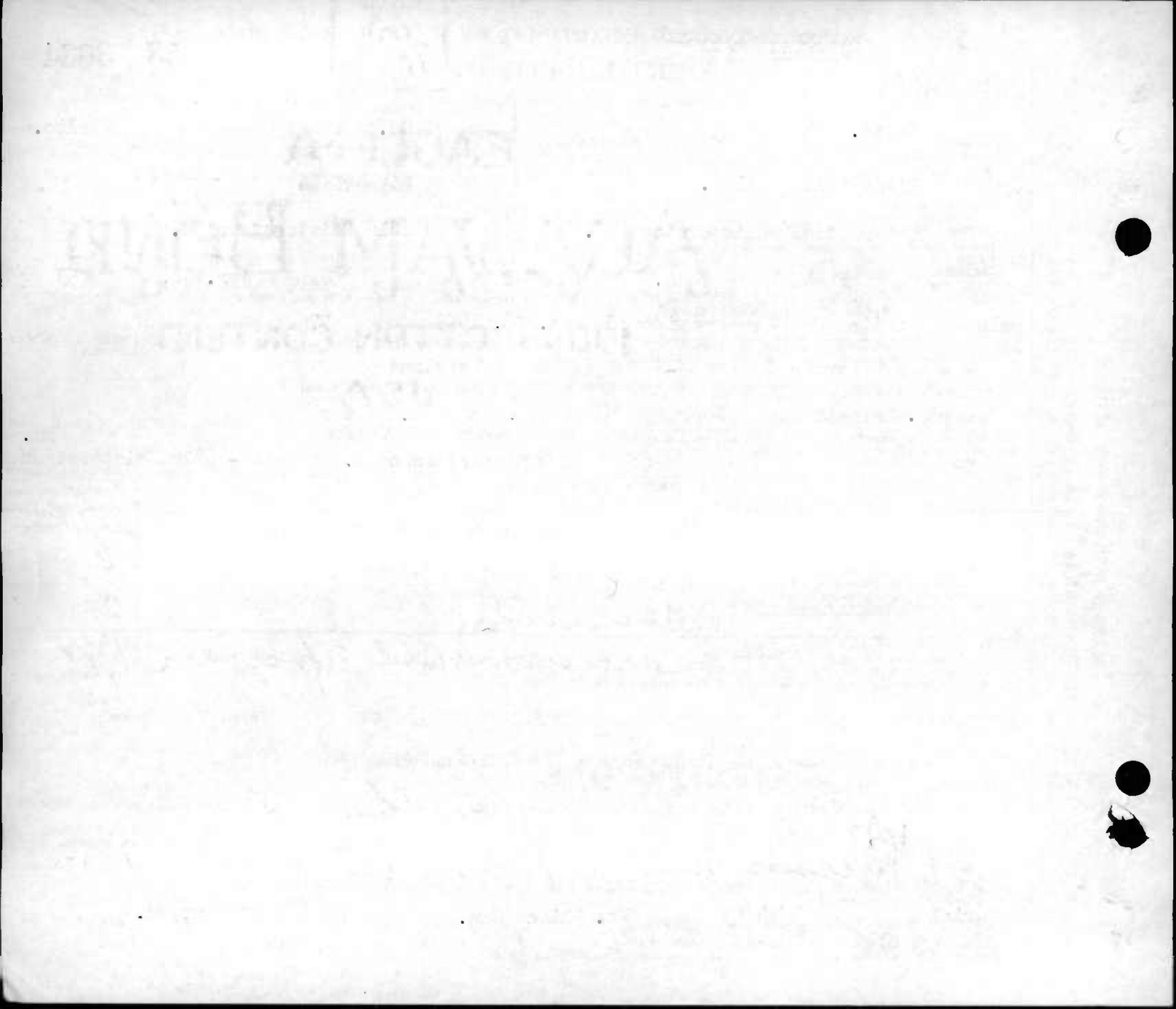
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
Baltimore City

CERTIFICATE OF DEATH

53 3834
Reg. Dist. No.

53 3834

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Balto. City				STATE Md. COUNTY Balto.			
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PIKEVILLE Balto.				CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PIKEVILLE Baltimore			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6816 Reisterstown Rd.				STREET ADDRESS (If rural give location) 6816 Reisterstown Rd.			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH: (Month) (Day) (Year)			
FRANK A. BARNETT				Apr. 11, 1953			
5. SEX: male		6. COLOR OR RACE: white		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed		8. DATE OF BIRTH: Dec. 26, 1855	
9. AGE last birthday: 97 yrs.		10. AGE last birthday: IF UNDER 1 YEAR		Months Days Hours Min.		11. BIRTHPLACE (State or foreign country): Maryland	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): farmer		10b. KIND OF BUSINESS OR INDUSTRY: -		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: Peter J. Barnett				14. MOTHER'S MAIDEN NAME: Mary C. Carter			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY No.: no		17. INFORMANT & ADDRESS: Rd. Miss Florence A. Barnett - 6816 Reisterstown			
18. MEDICAL CERTIFICATION				Interval Between Onset And Death			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				Immediate cause (a) Coronary Thrombosis			
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio Sclerosis				DUE TO			
(c) Secularity				DUE TO			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death				Cerebral Aneurysm of face & ear			
19a. DATE OF OPERATION: 4/20/11 and 19/1x		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>		1 yr	
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
SUICIDE HOMICIDE		INJURY		HOW DID INJURY OCCUR?			
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from many years, to Apr 11, 1953, that I last saw the deceased alive on Apr 9, 1953, and that death occurred at from the causes and on the date stated above.							
SIGNATURE		(Degree or title)		ADDRESS		DATE SIGNED	
E. E. Michaels M.D.		Pikesville		8 md		4-13-53	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		4/11/53		Mt. Olive Cem		Randallstown, Md.	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
APR 13 1953		Huntington Williams, M.D.		J. M. J. Tichenor & Sons		Baltimore 17, Md.	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 53 3835

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lary, William

2. DATE
OF
DEATH

4/11/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

University of Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1124 Hollens St

C. Length of stay in Baltimore

3 1/2

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Nov 13 1889

9. AGE (In years last birthday)

63

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during month of death, even if retired)

Watchman

10B. KIND OF BUSINESS OR INDUSTRY

A.D.F. Co.

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs M. Edna Victorine Hollens

18. *331X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4/9* 19*53* to *4/11* 19*53*, that I last saw the deceased alive on *4/11* 19*53* and that death occurred at *11⁰⁰ A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Dr. Allerman

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

4/11/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/11/53

24C. NAME OF CEMETERY OR CREMATORY

MT Olivet Cem.

24D. LOCATION (City, town, or county)

2930 Frederick Ave

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Lowan & Son

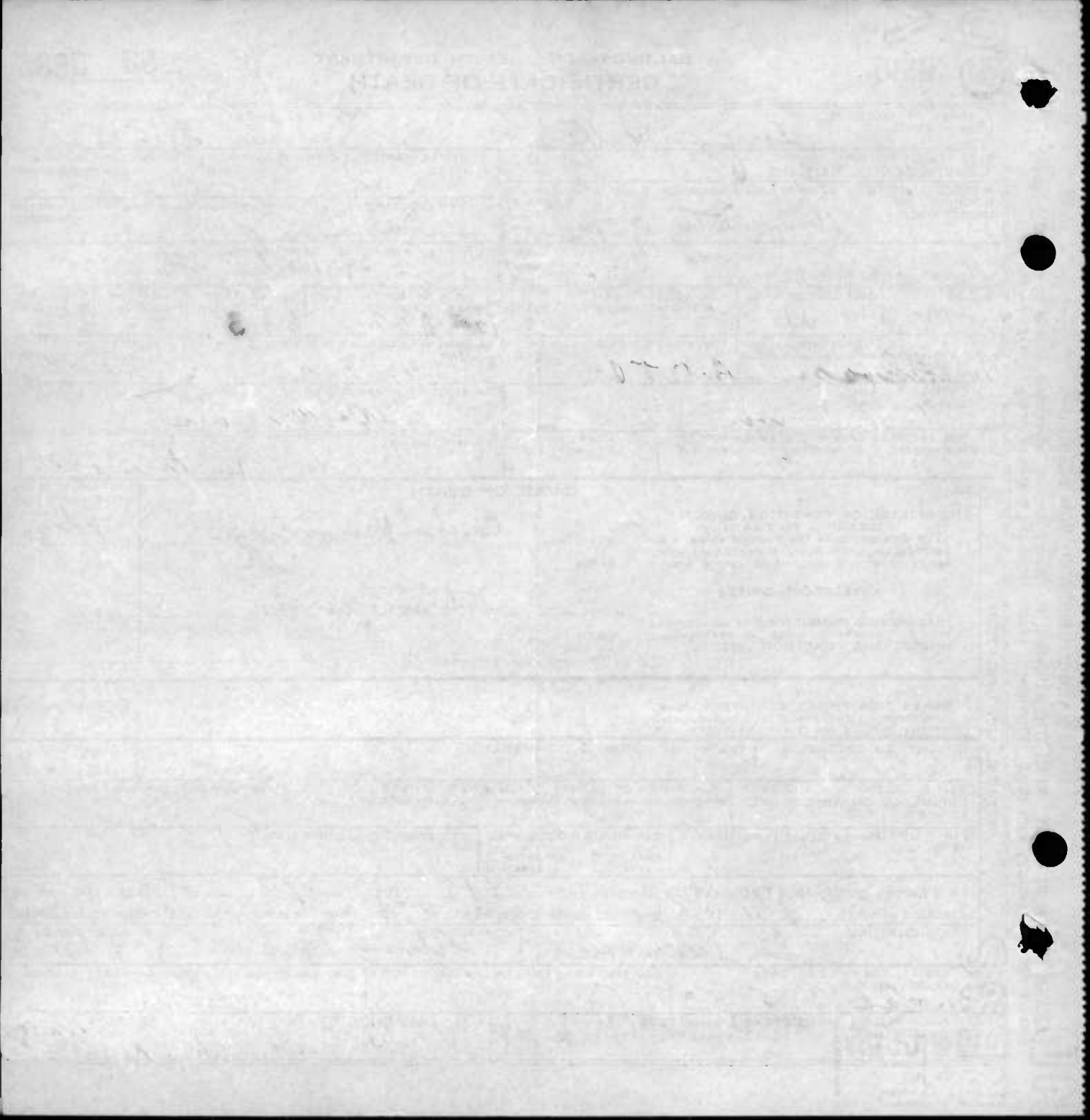
ADDRESS

VS 150

763/82

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age. Especially important. Physicians: please write the causes of death clearly and legibly.

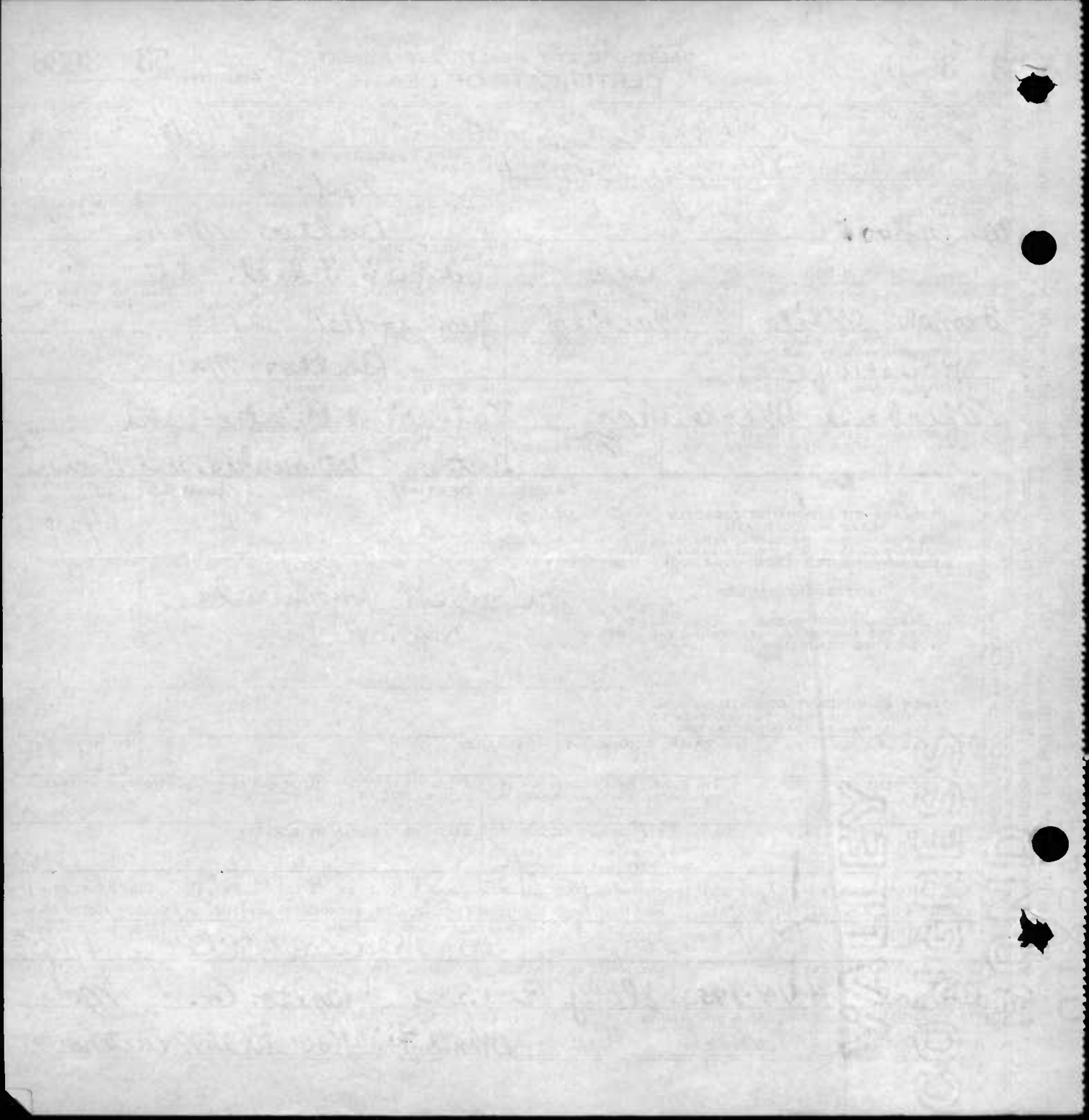


53 236 3836

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3836

BIRTH NO.		1. NAME OF DECEASED (Type or Print) CONSTANCE OSTROWSKI		2. DATE OF DEATH 4/10/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland Mercy Hospital		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY Balto.			
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hos.		C. CITY OR TOWN (If outside corporate limits, write R.U.R. and give township) Balto. Md. 1-03			
C. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 2336 Fleet. St			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 24-1931	9. AGE (In years, last birthday) 21	10. BIRTHPLACE (State or foreign country) Balto. Md.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Michael Weglewicz		14. MOTHER'S MAIDEN NAME Catherine Binkowski			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Anthony Ostrowski ADDRESS 3731 St Victor St	
18. 591X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 years	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Uremia			
ANTECEDENT CAUSES		(B) Subacute Glomerular Nephritis			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/20/51 , 19 51 , to 4/10/53 , that I last saw the deceased alive on 4/10/53 , and that death occurred at 5:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE John R. Davis		23B. ADDRESS 401 Medical Arcade		23C. DATE SIGNED 4/11/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-14-1953		24C. NAME OF CEMETERY OR CREMATORY Holy Rosary	
24D. LOCATION (City, town, or county) Balto. Co.		24E. STATE Md.		25. FUNERAL DIRECTOR Wm. S. Fialkowski ADDRESS 2007 Eastern Ave	
DATE RECEIVED BY LOCAL REGISTRAR APR 13 1953		REGISTRAR'S SIGNATURE Huntington Williams			



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3637
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ella V. Carnes

2. DATE
OF
DEATH

4-11-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION **St. Agnes Hospital**

C. CITY OR TOWN (If outside corporate limits, write R.U.I. and give township)
Baltimore

40
C. Length of stay in Baltimore **40 yrs.** Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
3141 Frederick Ave (29)

5. SEX
Female

6. COLOR OR RACE
White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
11-28-1906

9. AGE (In years last birthday) **46**
If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY
Housewife

11. BIRTHPLACE (State or foreign country)
Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Talbott

Deceased

14. MOTHER'S MAIDEN NAME

May Chaffman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
216-16-5243

17. INFORMANT ADDRESS
C. Gilbert Carnes 3141 Frederick Ave

18. **578X and 171X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Toxemia due to** 3 days
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Generalized Peritonitis**
DUE TO

(C) **Ruptured sigmoidal Colon** 3 days

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of Cervix 1 year

19A. DATE OF OPERATION
4/9/53

19B. MAJOR FINDINGS OF OPERATION

Generalized Peritonitis - Ruptured sigmoidal

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE AND INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4/8**, 19**53** to **4/11**, 19**53** that I last saw the deceased alive on **4/11**, 19**53**, and that death occurred at **10:45** m., from the causes and on the date stated above.

23A. SIGNATURE
Stephen K. Pachonis

23B. ADDRESS
St. Agnes Hospital

23C. DATE SIGNED
4-11-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE
4-15-53

24C. NAME OF CEMETERY OR CREMATORY
London Park

24D. LOCATION (City, town, or county) (State)
Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR
APR 15 1953

REGISTRAR'S SIGNATURE
Thurston Williams, MD

25. FUNERAL DIRECTOR

ADDRESS **Ave**

G. F. Schuch 3512 Frederick

CERTIFICATE OF DEATH

Continued to

FILE NO. 100-100000

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY

PLACE OF ENTRY

DATE OF DEPARTURE

PLACE OF DEPARTURE

DATE OF RETURN

PLACE OF RETURN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

53 CITY OF BALTIMORE 3638

CERTIFICATE OF DEATH

Reg. Dist. No. 53 3638

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Baltimore</u>		MARYLAND		STATE <u>Maryland</u> COUNTY			
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Catonsville</u>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Baltimore</u>		8-05	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Hood Nursing Home</u> <u>5313 Edmondson Avenue</u>				STREET ADDRESS <u>1629 Darley Avenue</u>		(If rural, give location)	
3. NAME OF DECEASED: (Type or Print)		(First)		(Last)		4. DATE OF DEATH: (Month) (Day) (Year)	
<u>Sarah</u>				<u>Harper</u>		<u>April 12, 19 53</u>	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<u>female</u>	<u>white</u>	<u>Widowed</u>	<u>Feb. 24, 1876</u>	<u>77</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>own home</u>		11. BIRTHPLACE (State or foreign country): <u>Baltimore, Maryland</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: <u>Charles F. Reather</u>				14. MOTHER'S MAIDEN NAME: <u>McCafferty</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS: <u>Chester F. Reather, Falls Rd., Cockeysville</u>			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:				INTERVAL BETWEEN ONSET AND DEATH			
(a) Immediate cause DUE TO				<u>3 years</u>			
(b) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last							
(c)							
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				<u>4 days</u>			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION:		20. AUTOPSY?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT? (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
SUICIDE HOMICIDE		INJURY					
TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
OF INJURY		M.					
22. I hereby certify that I attended the deceased from <u>4-19</u>, 19 <u>53</u> , to <u>4/12</u>, 19 <u>53</u> , that I last saw the deceased alive on <u>4-12</u>, 19 <u>53</u> , and that death occurred at <u>1:00 P.</u>m., from the causes and on the date stated above.							
SIGNATURE		(DEGREE OR TITLE)		ADDRESS		DATE SIGNED	
<u>Samuel Miller</u>		<u>Dr. O - 4510</u>		<u>Harford Rd</u>		<u>4/13/53</u>	
23. BURIAL, CREMATION REMOVAL (Specify):		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>burial</u>		<u>4/14/53</u>		<u>Mt. Olivet Cemetery</u>		<u>Baltimore, Maryland</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>APR 13 1953</u>		<u>Huntington Williams, M.D.</u>		<u>Wm. Cook, Inc.</u>		<u>1217 St. Paul Street</u>	



53 3639

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3639

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Wilfred A. Coldeira			2. DATE OF DEATH 4-11-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Balto.		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-31		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 503 Coventry Rd		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 6-15-20	9. AGE (In years last birthday) 32	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Compositor		10B. KIND OF BUSINESS OR INDUSTRY Printing		11. BIRTHPLACE (State or foreign country) New York	
13. FATHER'S NAME Anthony Coldeira			14. MOTHER'S MAIDEN NAME Bell Caldeira		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes W.W. II		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Cecilia Coldeira - 503 Coventry Rd.	
18. 550.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cachexia + Hyperpyrexia DUE TO Toxicity + Mild Uremia Gangrenous Appendix			INTERVAL BETWEEN ONSET AND DEATH 5 days "		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.					
19A. DATE OF OPERATION 4-4-53			19B. MAJOR FINDINGS OF OPERATION Gangrenous Appendix		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-4-1953 to 4-11-1953 , that I last saw the deceased alive on 4-11-1953 , and that death occurred at 6:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Clude D. Thomas			23B. ADDRESS Mercy Hospital		23C. DATE SIGNED 4-11-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-15-53	24C. NAME OF CEMETERY OR CREMATORY Cathedral Cem.		24D. LOCATION (City, town, or county) (State) Balto. Ind
DATE RECEIVED BY LOCAL REGISTRAR APR 13 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Seni P. July, Catonsville, Md.	

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

NO. 123456789
DATE OF BIRTH: JAN 1 1900
PLACE OF BIRTH: ALBANY, N. Y.
SEX: M
RACE: W
RELIGION: C
MARRIAGE: S
EDUCATION: H
OCCUPATION: D
RESIDENCE: A
MOTHER: M
FATHER: F
SPOUSE: S
CHILDREN: C
DEATH: D
CAUSE OF DEATH: C
PLACE OF DEATH: A
DATE OF DEATH: JAN 1 1900
REGISTERED BY: A
OFFICIAL: A
NOTARY: A
WITNESSES: A
SIGNATURE: A
SEAL: A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 3640	
1. NAME OF DECEASED (Type or Print)		MAXWELL ANDERSON		2. DATE OF DEATH April 13, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore 29		D. STREET ADDRESS (If rural, give location) 1127 Brewer Street			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 20 1923	9. AGE (In years last birthday) 29	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Chauffeur		11. BIRTH PLACE (State or foreign country) Baltimore Md	
13. FATHER'S NAME Des Smith		14. MOTHER'S MAIDEN NAME Louise Smith			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO.		17. INFORMANT Dorothy Anderson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) World War II		16. SOCIAL SECURITY NO.		17. ADDRESS 1127 Brewer St	
CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) E981X				(A) Gunshot wound of head	
ANTECEDENT CAUSES				(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Poppleton and Pierce Streets	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 4-11-53 7:45 P.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? shot during altercation	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. J. Fisher		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 4-13-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE Apr 12/53	24C. NAME OF CEMETERY OR CREMATORY New South National	24D. LOCATION (City, town, or county)	(State) Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR APR 13 1953	REGISTRAR'S SIGNATURE Thurston Williams, M.D.	25. FUNERAL DIRECTOR Joseph L. Burns		2222 ADDRESS W. North Ave	

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 3841

BIRTH NO. 53-06793

1. NAME OF DECEASED
(Type or Print)

Baby Bay Price

2. DATE
OF
DEATH

3-19-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Franklin Square Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Provided Franklin Square

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

3-19-53

9. AGE (In years
last birthday)

newborn

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.

40

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto Md.

12. CITIZEN OF
WHAT COUNTRY?

US

13. FATHER'S NAME

Edward Price

14. MOTHER'S MAIDEN NAME

Doris Shiley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mother

ADDRESS

1900 S Lombard St

18. 776X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Prematurely ill 2 1/2 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Abortion

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from March 3, 1953, to March 19, 1953, that I last saw the deceased alive on 3-19-53, and that death occurred at 11:15 pm., from the causes and on the date stated above.

23A. SIGNATURE

Antonio G. Agana

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 13 1953

Huntington Williams

Wesley D. Dwyer

Wesley D. Dwyer

CERTIFICATE OF DEATH

200

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3642**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Thomas Watral		2. DATE OF DEATH 4-13-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Balto. City Hosp		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 12 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1107 Harper Way	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-20-08
9. AGE (In years last birthday) 44		If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10B. KIND OF BUSINESS OR INDUSTRY Davidson Trucking Co.	
11. BIRTHPLACE (State or foreign country) Kulpmont, Pa.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Phillip		14. MOTHER'S MAIDEN NAME Alexanderia Kuzemshock	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. 207-03-9467	
17. INFORMANT Victoria Watral		ADDRESS 1107 Harper Way	

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) ANTECEDENT CAUSES		Coronary Thrombosis	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Coronary Artery Disease	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)	

CERTIFICATION APPROVED BY
[Signature]
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 4, 1953 to April 11, 1953 , that I last saw the deceased alive on April 11, 1953 , and that death occurred at m. , from the causes and on the date stated above.					
23A. SIGNATURE Lincoln Bull		23B. ADDRESS 1221 N. Lynn Ave		23C. DATE SIGNED 7/13/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-16-53		24C. NAME OF CEMETERY OR CREMATORY Ukrainian Cemetery	
24D. LOCATION (City, town, or county) Shamokin, Coaltownship, Pa		24E. DATE RECEIVED BY LOCAL REGISTRAR APR 13 1953		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Philip E. Gvach		ADDRESS 2716 E. Monument St.			

55452

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly and legibly supplied. Especially important. Physicians: please write the causes of death clearly and legibly.

W 364 3642

1990

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53 3643
BIRTH NO.

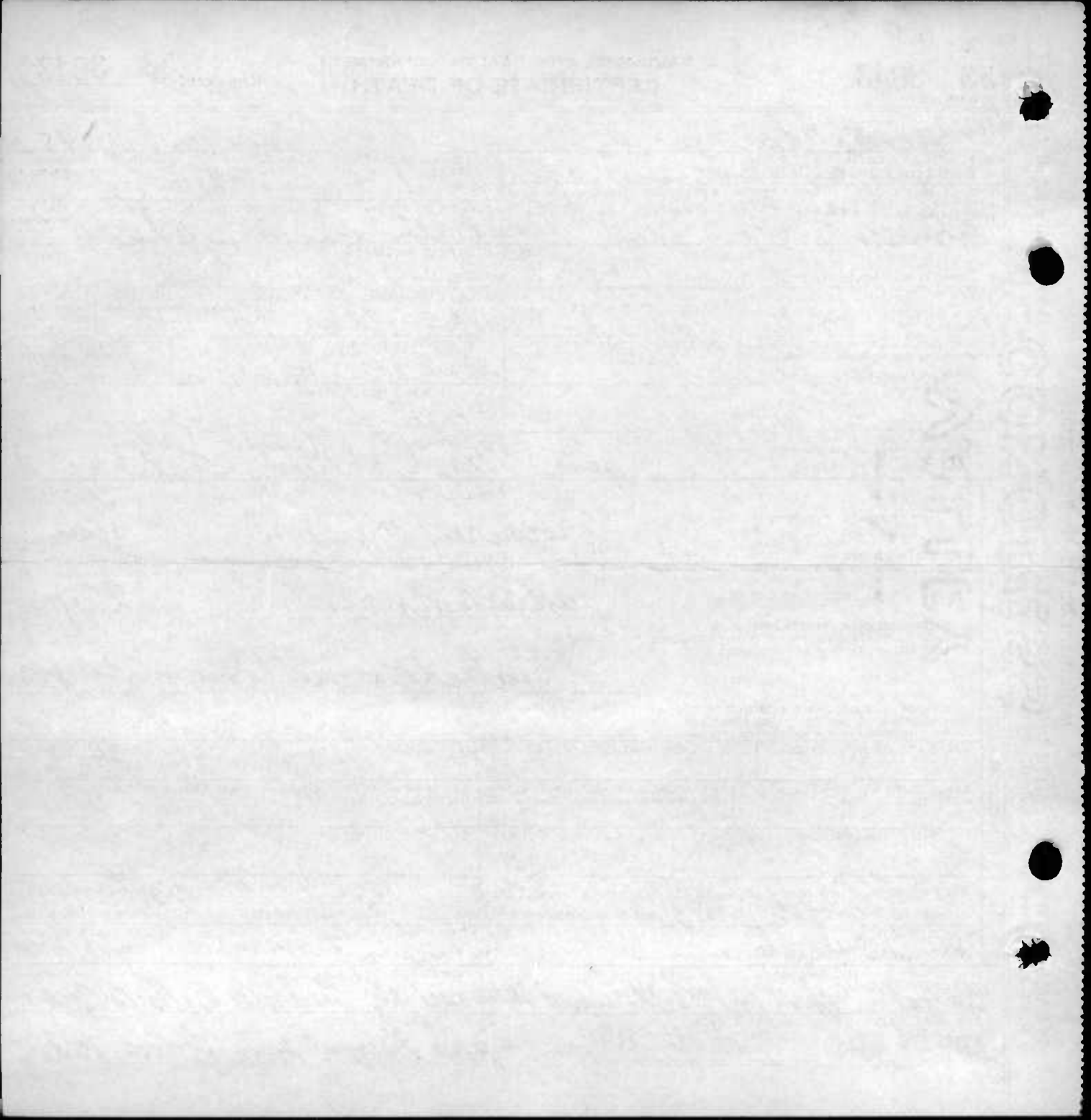
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3643

1. NAME OF DECEASED (Type or Print) <i>Hellie Agnes Vaughn</i>			2. DATE OF DEATH <i>April 11, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore, Md.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Hospital for Women of Md.</i> <i>Lafayette Ave & John St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 12, Md.</i>		
C. Length of stay in Baltimore <i>Fourteen</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>404 Murdock Road 5300</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE (MARRIED) WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>9-25-1882</i>		9. AGE (in years last birthday) Months Days <i>70</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) <i>Hancock, Maryland</i>
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>			13. FATHER'S NAME <i>Edwin R. Murray</i>		
14. MOTHER'S MAIDEN NAME <i>Ella Brady</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		
16. SOCIAL SECURITY NO. <i>None</i>			17. INFORMANT (daughter) <i>Mrs. C. F. Almon - 503 Park Ave. Towson, Md.</i>		

18. <i>260X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <i>Coronary occlusion</i>		DUE TO		<i>6 weeks</i>	
ANTECEDENT CAUSES		(B) <i>arteriosclerosis</i>		<i>20 yrs</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		<i>30 yrs</i>	
(C) <i>Diabetes mellitus</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2-25</i> , 19 <i>53</i> to <i>4/10</i> , 19 <i>53</i> that I last saw the deceased alive on <i>4/10</i> , 19 <i>53</i> , and that death occurred at _____ m., from the causes and on the date stated above.					
23A. SIGNATURE <i>W. Reginald Heard, M.D.</i>		23B. ADDRESS <i>Wardman Hospital</i>		23C. DATE SIGNED <i>4/11/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>April 14, 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Morland Memorial Pk.</i>	
24D. LOCATION (City, town, or county) (State) <i>Parkville, Balto. Co., Md.</i>		25. FUNERAL DIRECTOR <i>Huntington Williams</i>		ADDRESS <i>John Burns' Son, Towson, Md.</i>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3644

53 3644

1. NAME OF DECEASED (Type or Print) <i>Emma Jane Neubauer</i>			2. DATE OF DEATH <i>April 10 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1400 N. Lexington St.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION <i>70 Aged Men's Home</i>)			C. CITY OR TOWN (If outside corporate limit, write BURIAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1400 N. Lexington St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>March 13, 1865</i>	9. AGE (In years last birthday) <i>88</i>	If Under 1 Year Months Days If Under 24 Hours Hours Min. <i>28</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Robert E. Phipps</i>			14. MOTHER'S MAIDEN NAME <i>Mary Holland</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>E. H. Reed</i> ADDRESS <i>1400 N. Lexington St.</i>		

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(A) <i>Central Hemorrhage</i>		DUE TO		<i>1 week</i>
(B) <i>Hypertensive C. V. D.</i>		DUE TO		<i>years</i>
(C)				
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>Jan 19, 1952</i> , to <i>April 10, 1953</i> , that I last saw the deceased alive on <i>April 10, 1953</i> , and that death occurred at <i>4:00 p.m.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>Harland Edward Day</i>		23B. ADDRESS <i>4-2-33 West - 18</i>		23C. DATE SIGNED <i>April 11, 1953</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>April 13, 1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Prospect Hill Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Towson, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 13 1953</i>		25. FUNERAL DIRECTOR <i>John Deane</i> ADDRESS <i>Towson, Md.</i>		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. correct age especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

1898

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11-11-1898

BUREAU OF VITAL RECORDS

CERTIFICATE OF DEATH

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550
53 3645BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3645

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ERNA ROMANO

2. DATE
OF
DEATH

4-13-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

13-02

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Mt Swan Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2038 Brookfield Ave

c. Length of stay in Baltimore

3

Yrs.
Moor.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years last birthday)

48

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Hungary

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Leo

14. MOTHER'S M maiden NAME

Blanca

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Solomon Romano - same

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral thrombosis

DUE TO

Arteriosclerosis

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 19th, 1953, to 4-13th, 1953, that I last saw the deceased alive on 4-1, 1953, and that death occurred at 1:40 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Harold H. Bix

M. O.

23B. ADDRESS

2516 Lin Ten Ave

23C. DATE SIGNED

4-13-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4-14-53

24C. NAME OF CEMETERY OR CREMATORY

Sheb Sholom

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

John Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis

ADDRESS

2100 Centau Pl

CERTIFICATE OF DEATH

John H. Smith
Age 65

DECEASED IN RESIDENCE
FAMILY NAME
DATE OF DEATH
PLACE OF DEATH

CAUSE OF DEATH
MANNER OF DEATH

REPORTED BY
DATE OF REPORT

SIGNATURE OF REPORTER
OFFICIAL USE ONLY

DATE OF ENTRY
PLACE OF ENTRY

53 3646

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3646

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Esther Silverman

2. DATE
OF
DEATH

April 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

3509 W. Rogers Avenue

D. STREET ADDRESS (If rural, give location)

3509 W. Rogers Avenue

c. Length of stay in Baltimore

30 yrs

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

April 7, 1884

9. AGE (In years last birthday)

69

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Abraham Jacobs

14. MOTHER'S MAIDEN NAME

Fannie M. Glassner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Sylvan Silverman - 812 Brooke Lane

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Myocardial Infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Coronary Arteriosclerosis

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 15, 1953, to April 13, 1953, that I last saw the deceased alive on Jan. 15, 1953, and that death occurred at 12:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Albert K. Smith

23B. ADDRESS

5415 Park Heights Ave.

23C. DATE SIGNED

April 13, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

April 14/53

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

APR 14 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W. L. Robinson + 1202 - 1124-26 W.

ADDRESS

North Avenue

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. correct age especially important. Physicians: please write the causes of death clearly and legibly.

No.	Name	Age	Sex	Race	Religion
1	John Doe	25	M	W	C
2	Jane Smith	30	F	W	C
3	Robert Johnson	40	M	W	C
4	Mary Brown	28	F	W	C
5	William Davis	35	M	W	C
6	Elizabeth Miller	22	F	W	C
7	James Wilson	45	M	W	C
8	Anna Taylor	38	F	W	C
9	Charles Moore	50	M	W	C
10	Grace White	20	F	W	C
11	Frank Green	32	M	W	C
12	Lucy Black	27	F	W	C
13	George Hall	42	M	W	C
14	Martha King	33	F	W	C
15	Henry Lee	55	M	W	C
16	Sarah Young	24	F	W	C
17	Thomas Wright	48	M	W	C
18	Rebecca Scott	36	F	W	C
19	Benjamin Adams	52	M	W	C
20	Anna Clark	29	F	W	C
21	Richard Evans	41	M	W	C
22	Elizabeth Hill	31	F	W	C
23	Joseph Baker	58	M	W	C
24	Margaret Turner	26	F	W	C
25	Samuel King	44	M	W	C
26	Frances Green	34	F	W	C
27	Charles White	51	M	W	C
28	Anna Brown	23	F	W	C
29	William Miller	46	M	W	C
30	Elizabeth Davis	37	F	W	C
31	George Taylor	53	M	W	C
32	Mary Wilson	21	F	W	C
33	James Moore	49	M	W	C
34	Rebecca Scott	39	F	W	C
35	Benjamin Adams	54	M	W	C
36	Anna Clark	30	F	W	C
37	Richard Evans	43	M	W	C
38	Elizabeth Hill	32	F	W	C
39	Joseph Baker	59	M	W	C
40	Margaret Turner	27	F	W	C
41	Samuel King	47	M	W	C
42	Frances Green	35	F	W	C
43	Charles White	56	M	W	C
44	Anna Brown	25	F	W	C
45	William Miller	50	M	W	C
46	Elizabeth Davis	40	F	W	C
47	George Taylor	57	M	W	C
48	Mary Wilson	22	F	W	C
49	James Moore	52	M	W	C
50	Rebecca Scott	41	F	W	C
51	Benjamin Adams	60	M	W	C
52	Anna Clark	31	F	W	C
53	Richard Evans	45	M	W	C
54	Elizabeth Hill	33	F	W	C
55	Joseph Baker	61	M	W	C
56	Margaret Turner	28	F	W	C
57	Samuel King	48	M	W	C
58	Frances Green	36	F	W	C
59	Charles White	58	M	W	C
60	Anna Brown	26	F	W	C
61	William Miller	51	M	W	C
62	Elizabeth Davis	42	F	W	C
63	George Taylor	59	M	W	C
64	Mary Wilson	23	F	W	C
65	James Moore	53	M	W	C
66	Rebecca Scott	43	F	W	C
67	Benjamin Adams	62	M	W	C
68	Anna Clark	32	F	W	C
69	Richard Evans	46	M	W	C
70	Elizabeth Hill	34	F	W	C
71	Joseph Baker	63	M	W	C
72	Margaret Turner	29	F	W	C
73	Samuel King	49	M	W	C
74	Frances Green	37	F	W	C
75	Charles White	60	M	W	C
76	Anna Brown	27	F	W	C
77	William Miller	52	M	W	C
78	Elizabeth Davis	44	F	W	C
79	George Taylor	61	M	W	C
80	Mary Wilson	24	F	W	C
81	James Moore	54	M	W	C
82	Rebecca Scott	45	F	W	C
83	Benjamin Adams	64	M	W	C
84	Anna Clark	33	F	W	C
85	Richard Evans	47	M	W	C
86	Elizabeth Hill	35	F	W	C
87	Joseph Baker	65	M	W	C
88	Margaret Turner	30	F	W	C
89	Samuel King	50	M	W	C
90	Frances Green	38	F	W	C
91	Charles White	62	M	W	C
92	Anna Brown	28	F	W	C
93	William Miller	53	M	W	C
94	Elizabeth Davis	46	F	W	C
95	George Taylor	63	M	W	C
96	Mary Wilson	25	F	W	C
97	James Moore	55	M	W	C
98	Rebecca Scott	47	F	W	C
99	Benjamin Adams	66	M	W	C
100	Anna Clark	34	F	W	C

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 3647

53 3647

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Howard F. Reed, Sr.

2. DATE
OF
DEATH

April 12, '53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

21-02

B. FULL NAME OF (If not in hospital or institution, give street address or location)

So. Baltimore General Hosp.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1138 Carroll St.

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 16, '89

9. AGE (In years last birthday)

64

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk-sales

10B. KIND OF BUSINESS OR INDUSTRY

Sporting goods

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Samuel H. Reed

14. MOTHER'S MAIDEN NAME

Charlotte Wunder

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

217-05-5997

17. INFORMANT

ADDRESS

Mrs. Howard Reed 1138 Carroll St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

1 day

ANTECEDENT CAUSES

DUE TO

(B)

Coronary Disease

6 mos

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 10/8, 1953, to 4/12, 1953, that I last saw the deceased alive on 4/11, 1953, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

4/15/53

Loudon Park

Frederick Ave.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 14 1953

Huntington Williams, M.D.

JOHN F. DENNY, INC. 715 Light St.

Mr. Pankatis

679 Wash Blvd

SA 0772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 776x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-27, 1953 to 2-27, 1953 that I last saw the
deceased alive on 2-27, 1953, and that death occurred at 2:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Turns over Tsurich 3/6/53

Hospital issued only one S. C. Certificate for 2nd Twin
Sons.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 3649

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby GIAL VOGTMAN

2. DATE
OF
DEATH

4/13/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, or institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 8-02

D. STREET ADDRESS (If rural, give location)

3910 E. FEDERAL ST. BALTIMORE

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

4/12/53

9. AGE (in years

last birthday)

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

30

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

ROBERT VOGTMAN

14. MOTHER'S MAIDEN NAME

ELIZABETH L. KELLER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 776X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/12, 1953, to 4/12, 1953, that I last saw the
deceased alive on 4/12, 1953, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

William S. Parker

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

4/14/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

4/12/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leona J. Ruck 5308 Harbor Rd

545
53 3650BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3650
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harry B Tomlinson

2. DATE
OF
DEATH

April 11 / 53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

850 N 33rd St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

850 N 33rd St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov 12 - 1886

9. AGE (In years

last birthday)

66

If Under 1 Year

Months! Days

If Under 24 Hours

Hours! Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Floor finisher

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

William L Tomlinson

14. MOTHER'S MAIDEN NAME

Kate E Gilman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

216-09-2544

17. INFORMANT

Viola E Tomlinson

ADDRESS

850 W 33rd St

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral Vascular Accident

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 9, 1953, to April 11, 1953, that I last saw the
deceased alive on April 10, 1953, and that death occurred at 2:50 AM, from the causes and on the date stated above.

23A. SIGNATURE

Conrad Wallington M. D.

23B. ADDRESS

848 W 36th St

23C. DATE SIGNED

4/10/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Apr 17 - 53

24C. NAME OF CEMETERY OR CREMATORY

St Marys (Hampton) Baltimore Md

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams M.D.

25. FUNERAL DIRECTOR

Hand & S City 814 N 56th St.

ADDRESS

VS 150

56424

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3651
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

VIOLA ENGLAND

2. DATE
OF
DEATH

APRIL 13, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence

a. STATE

b. COUNTY

before admission)

b. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

514 OAKLAND AVE.

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTO.

27-10

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

d. STREET ADDRESS (If rural, give location)

514 OAKLAND AVE

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

AUG. 20, 1888

9. AGE (In years

last birthday)

64

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR
INDUSTRY

OWN HOME

11. BIRTHPLACE (State or foreign country)

BALTO., MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

JOHN WESLEY JONES

14. MOTHER'S MAIDEN NAME

SUSAN JAMISON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

THOMAS V. ENGLAND

ADDRESS

ABOVE

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Adeno-carcinoma of rt. breast 34w.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Metastasis to rt. hip,

DUE TO

(C)

Lumbar spine & lungs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

None.

19a. DATE OF OPERATION

April 1950

19b. MAJOR FINDINGS OF OPERATION

Radial breast operation

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1950, to 4/11, 1953, that I last saw the
deceased alive on 4/11, 1953, and that death occurred at 7 A. m., from the causes and on the date stated above.

23a. SIGNATURE

J. William Gwynne

23b. ADDRESS

3961 Greenmount Ave.

23c. DATE SIGNED

4/14/53.

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24b. DATE

4-15-1953

24c. NAME OF CEMETERY OR CREMATORY

BALTIMORE

24d. LOCATION (City, town, or county)

BALTIMORE

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

H.W. JENKINS & SONS Co. 4905 YORK RD

ADDRESS

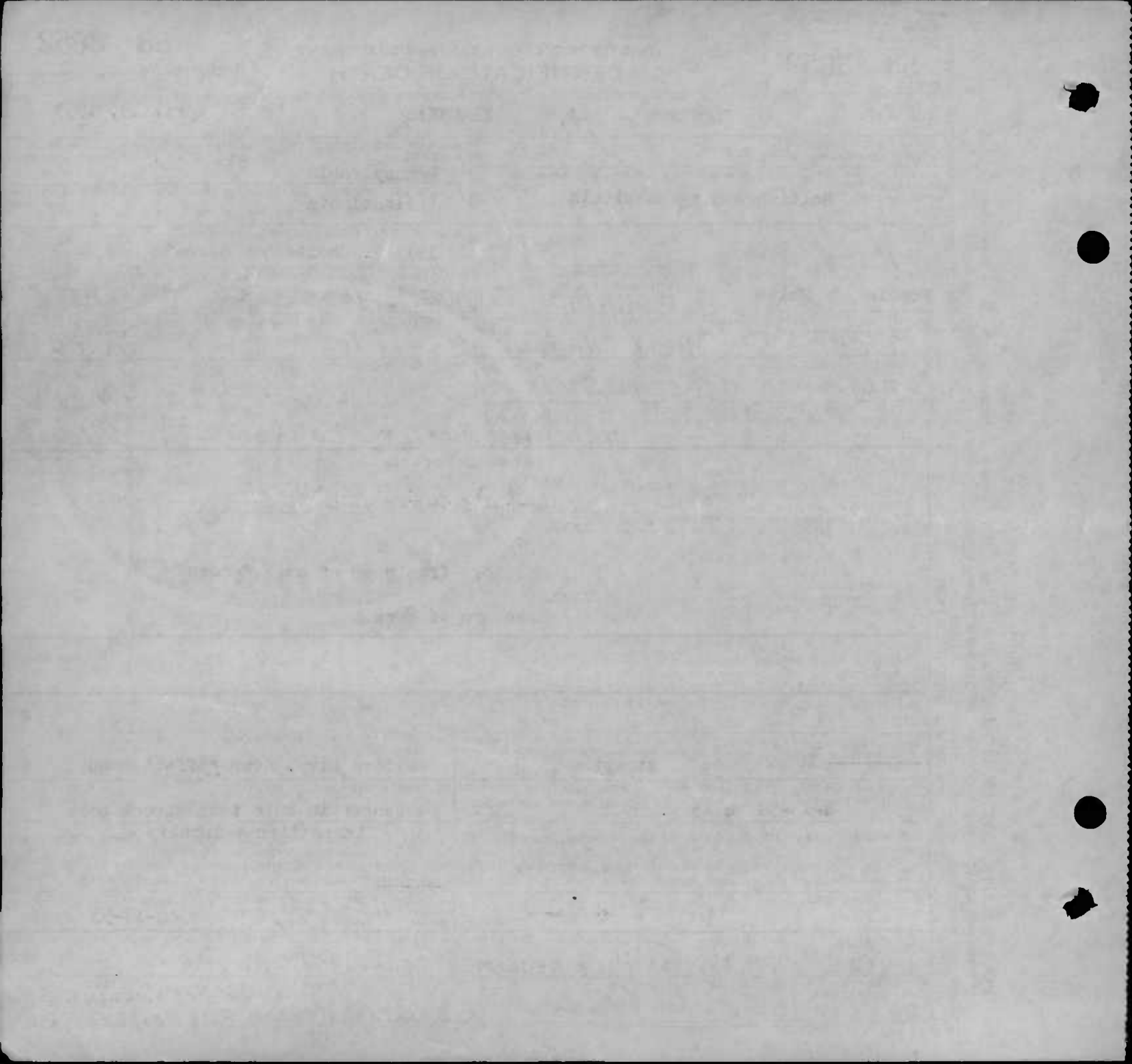
Dr. J.W. Guyton

3961 GREENMOUNT

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Z-220		BALTIMORE CITY HEALTH DEPARTMENT		53 3652
53 3652		CERTIFICATE OF DEATH		Registered No.
BIRTH NO.		FLORENCE H. ZEAUSKAS		2. DATE OF DEATH April 13, 1953
1. NAME OF DECEASED (Type or Print)		FLORENCE H. ZEAUSKAS		2. DATE OF DEATH April 13, 1953
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Pennsylvania		b. COUNTY
b. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Philadelphia		
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) 1011 E. Cheltenham Street		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 13, 1923	9. AGE (In years last birthday) 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TYPIST		10b. KIND OF BUSINESS OR INDUSTRY BETZ CHEM. CO.		11. BIRTHPLACE (State or foreign country) PA.
13. FATHER'S NAME WALTER F. CIESLINSKI		14. MOTHER'S MAIDEN NAME VICTORIA M. BOBROWSKI.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 189-16-4450		17. INFORMANT ADDRESS VICTORIA M. CIESLINSKI, PHILA. PA.
18. E823.4		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Crushing Injury of Chest		
ANTECEDENT CAUSES		(B) Multiple fractures of both femurs		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Fracture of Neck		
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Eastern Blvd. near Moffett Road 6300
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 4-13-53 4:15 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? passenger in auto that struck pole
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		23a. SIGNATURE [Signature]		23b. CHIEF MEDICAL EXAMINER... ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR... 4-13-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APR. 18, 1953		24c. NAME OF CEMETERY OR CREMATORY Holy REDEEMER CEM. PHILA. PA.
24d. LOCATION (City, town, or county) (State) BALTO., MD.		25. FUNERAL DIRECTOR ADDRESS 901 S. CONKLING ST.		

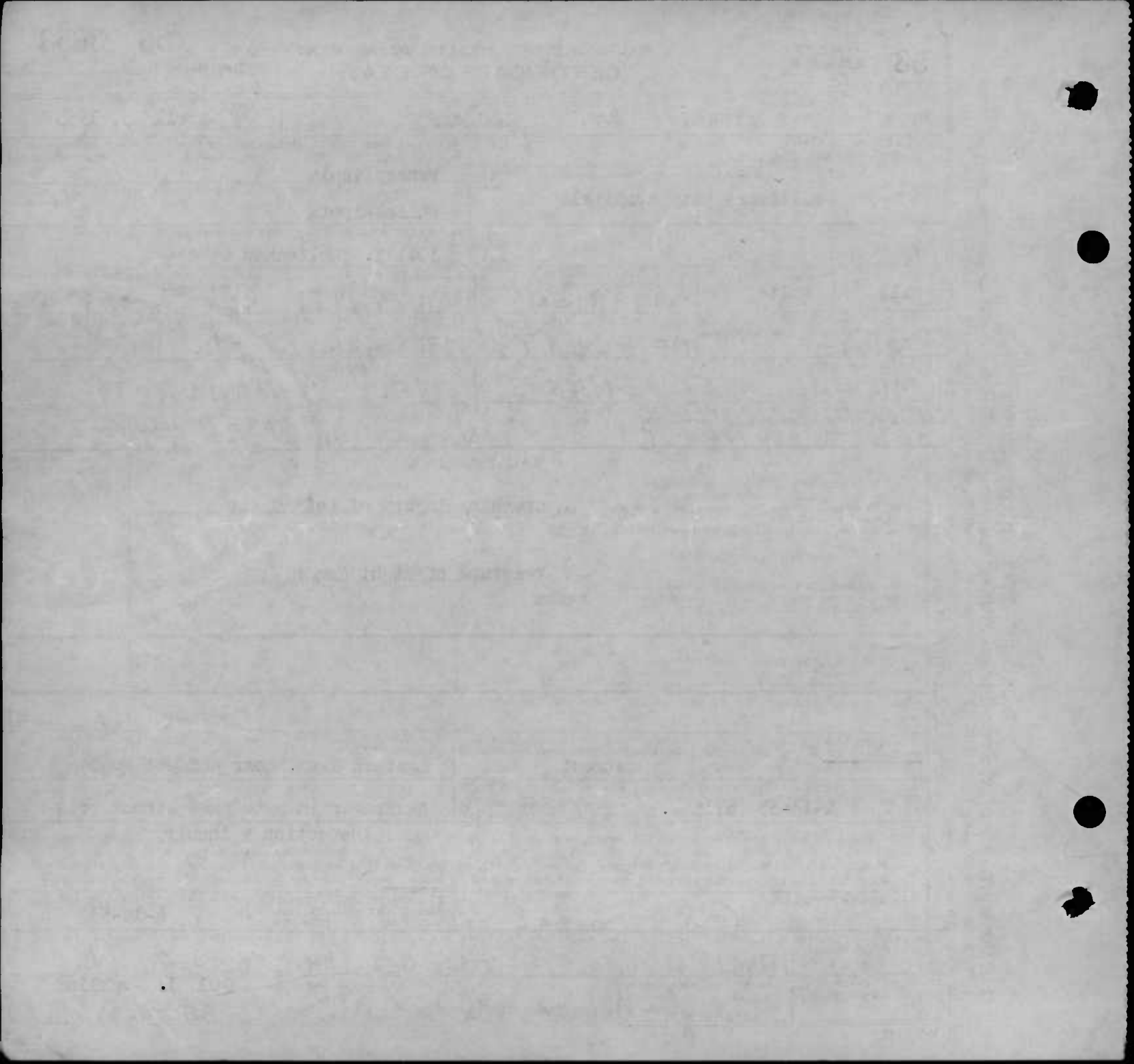


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

Z-220 53 3653		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 3653 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) ANTHONY M. ZEAUSKAS		2. DATE OF DEATH April 13, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Pennsylvania B. COUNTY Philadelphia		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Philadelphia	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals		D. STREET ADDRESS (If rural, give location) 1011 E. Cheltenham Street		E. Length of stay in Baltimore Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 24, 1922	9. AGE (In years last birthday) 30	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MIXER		10B. KIND OF BUSINESS OR INDUSTRY BETZ CHEM. CO.		11. BIRTHPLACE (State or foreign country) MT. CARMEL, PA.	
13. FATHER'S NAME MICHAEL ZEAUSKAS		14. MOTHER'S MAIDEN NAME NELLIE KONDROT		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) YES		16. SOCIAL SECURITY NO. WORD WAR II		17. INFORMANT ADDRESS VINCENT VAISE 203 RIVERVIEW RD. BALTO. MD.	
18. E823.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Crushing Injury of Left Chest		CAUSE OF DEATH (A) Crushing Injury of Left Chest X0000		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Fracture of Right Femur X0000		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Eastern Blvd. near Moffett Road 6200	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 4-13-53 4:15 A.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? passenger in auto that struck pole	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE RBF		23B. CHIEF MEDICAL EXAMINER M.D. Charles S. Zeiler		23C. DATE SIGNED 4-13-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE APR. 18, 1953		24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER CEM.	
24D. LOCATION (City, town, or county) (State) PHILADELPHIA, PA.		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR 901 S. Conowing St. BALTO., MD.		24H. DATE RECEIVED BY LOCAL REGISTRAR		24I. REGISTRAR'S SIGNATURE	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 53 3654

1. PLACE OF DEATH:

- (a) Baltimore City, Maryland
- (b) Street address 2442 ANNAPOLIS AVE
- (c) Hospital or institution:
- (d) Length of stay in hospital or inst. (yrs., mos., or days)
- (e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MD (b) County 25-33
- (c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
- (d) Street No. 2442 ANNAPOLIS AVE
(If rural give location)
- (e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME

Jacob C. Little

3 (b) If veteran, name war

3 (c) Social Security Account

No. 218-28-4535

4. Sex

MALE

5. Color or race

COL.

6 (a) Single, married, widowed, or divorced.

MARRIED

6 (b) Name of husband or wife

ADDIE LITTLE

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

3/20/1877

8. AGE: Years Months - Days If less than one day

76

0

20

hr. min.

9. Birthplace

Saluda, South Carolina
(Town, county, and state)

10. Usual Occupation

Salisbury

11. Industry or business

Buck Glass Co

12. Name

Unknown

13. Birthplace

14. Maiden Name

RACHEL PAGE

15. Birthplace

16 (a) Informant

ADDIE ST LITTLE

(b) Address

2442 ANNAPOLIS AVE

17 (a) BURIAL (b) Date thereof

(Burial, cremation, or removal)

(month) (day) (year)

(c) Cemetery or crematory

mt Auburn

Location

Baltimore, MD

18 (a) Funeral director

CHARLES RICE

(b) Address

661 W. Barron St

19 (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

(Date rec'd by registrar)

APR 14 1953
H. H. Williams
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Apr 10 1953, at 4:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 1952, to Apr 9 1953, and that I last saw him alive on Apr 8 1953.

Immediate cause of death

Cerebral apoplexy

Due to

Due to

Other Conditions

Cardio-Vascular
Renal Disease
(Include pregnancy within 8 months of death)

Date of operation

Major findings of operation

of autopsy

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide
- (b) Date of occurrence at M
- (c) Where did injury occur?
(City or town) (County) (State)
- (d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
- (e) Means of injury

23. Signature

H. H. Williams
Address 825 N. Tremont Date signed 4/10/53

Duration

6 hrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see **PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION** issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3655**

53 3655
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Johnson, Bessie			2. DATE OF DEATH April-10-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY Baltimore C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township) 15-06 D. STREET ADDRESS (If rural, give location) 2808 Walbrook ave		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bar-Wil-Ba Convalescent Home-2101 W. Cold Spring Lane					
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____					
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 23 1898?		9. AGE (In years last birthday) 55
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic			11. BIRTHPLACE (State or foreign country) Baltimore, MD		12. CITIZEN OF WHAT COUNTRY? America
13. FATHER'S NAME Ferry Waters			14. MOTHER'S MAIDEN NAME Hattie Fredrick		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Records ADDRESS _____		

18. 442x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Cardio Vascular Renal Disease DUE TO (B) Uremia DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH 1 yr. 2 days
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **January 1953**, to **April 10, 1953**, that I last saw the deceased alive on **April 8, 1953**, and that death occurred at **9A.m.**, from the causes and on the date stated above.

23A. SIGNATURE Jackson		23B. ADDRESS M. D. 600 N. Arlington Ave.		23C. DATE SIGNED 4-10-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/14/53	24C. NAME OF CEMETERY OR CREMATORY MT. Auburn	24D. LOCATION (City, town, or county) (State) Baltimore, Md		
DATE RECEIVED BY LOCAL REGISTRAR APR 14 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Charles A. Rice ADDRESS 66 W. Barrest	

VS 150

720 FA

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Race		4. Date of birth		5. Place of birth		6. Usual residence		7. Date of death		8. Place of death		9. Cause of death		10. Manner of death		11. Signature of physician		12. Signature of registrar	
John Doe		Male		White		1945-01-01		New York, NY		New York, NY		1995-01-01		New York, NY		Heart Disease		Natural		[Signature]		[Signature]	
13. Name of informant		14. Relationship		15. Address		16. City		17. State		18. Zip		19. Date of completion		20. Registrar's office		21. Registrar's name		22. Registrar's title		23. Registrar's address		24. Registrar's phone	
Jane Doe		Wife		123 Main St		New York		NY		10001		1995-01-01		New York, NY		John Doe		Registrar		123 Main St		123-4567	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 3656
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3656
Registered No.

1. NAME OF DECEASED (Type or Print) ROLAND HOLMES			2. DATE OF DEATH April 9, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Morgue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 22-02		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 630 W. Montgomery Street		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W. Dow	8. DATE OF BIRTH 1887	9. AGE (In years last birthday) 66	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Un Known			14. MOTHER'S MAIDEN NAME Un Known		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Un Known		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

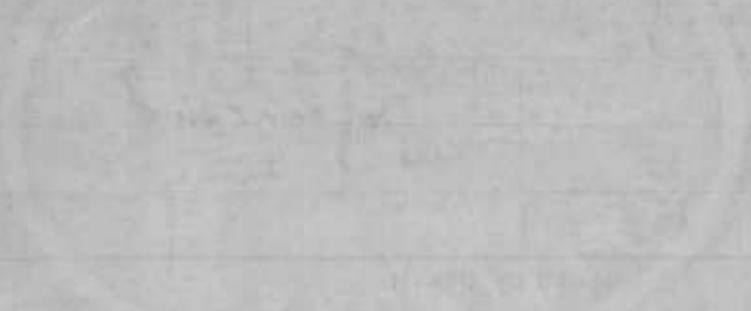
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease DUE TO (A) ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Hypertensive cardiovascular disease	INTERVAL BETWEEN ONSET AND DEATH
---	--	--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. F. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED April 9, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/14/53	24C. NAME OF CEMETERY OR CREMATORY Mt Zion	24D. LOCATION (City, town, or county) (State) Baltimore Md		
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Wilmington	25. FUNERAL DIRECTOR ADDRESS Charles A. Rice 661 W. Barre St.			

VS 151

97099

CERTIFICATE OF DEATH



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 3657
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3657
Registered No.

1. NAME OF DECEASED (Type or Print) **AKSEL W. JAHNSEN**

2. DATE OF DEATH **April 13, 1953**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Norway**
B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION **South Baltimore General Hospital**

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Tonsberg 24-03

7. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH **4/26/1896**

9. AGE (In years last birthday) **56**

10. UNDER 1 Year Months: Days

11. UNDER 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Ship's Electrician**

10B. KIND OF BUSINESS OR INDUSTRY **Motorship-Taxi**

11. BIRTHPLACE (State or foreign country) **Norway**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **(Unknown) Jahnson**

14. MOTHER'S MAIDEN NAME **Unknown**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **(Unknown)**

16. SOCIAL SECURITY NO.

17. INFORMANT **Norwegian Consulate**

ADDRESS

18. **E812.4** CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Fracture of Skull**

ANTECEDENT CAUSES

(B) **Contusion of Brain**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **street**

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) **1101 Key Highway 24/2**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY **4-12-53 11:15 P.**

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? **pedestrian struck by auto**

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **R. R. Fisher**

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED **4-13-53**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Cremation**

24B. DATE **4/16/53**

24C. NAME OF CEMETERY OR CREMATORY **Green Mount**

24D. LOCATION (City, town, or county) (State) **Balto. Md.**

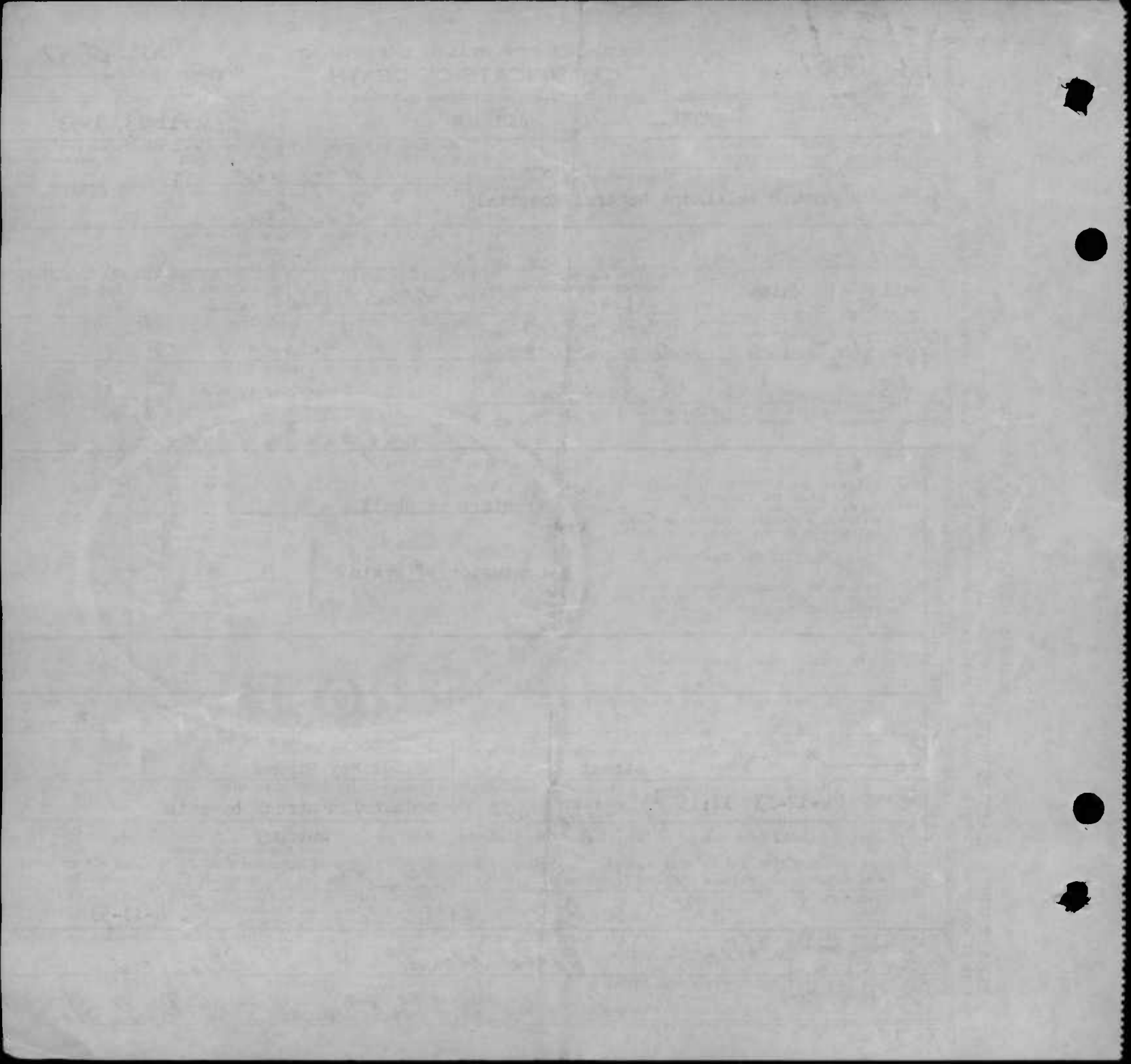
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR **Wm. Cook Inc. 1217 St. Paul st.**

ADDRESS

VS 151 N 803.2 51555



F-526
53 3658

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3658

1. NAME OF DECEASED (Type or Print) Carric Loa Finchen		2. DATE OF DEATH April 13, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD. B. COUNTY 13-04	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 12 yrs.		D. STREET ADDRESS (If rural, give location) 3401 Woodbrook Ave.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Aug 22, 1895
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 57
11. BIRTHPLACE (State or foreign country) Georgia		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Henry V. Bonner		14. MOTHER'S MAIDEN NAME Emma unknown Gilbert	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. James C. Finchen - same.		ADDRESS	

18. **420.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Acute coronary occlusion****4 1/2 hrs.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) **Arteriosclerotic Heart Disease****14 yrs.**

DUE TO

(C) **Generalized Atherosclerosis****?**II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April 12, 1953**, to **April 12, 1953**, that I last saw the deceased alive on **April 12, 1953**, and that death occurred at **10:40 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATOR

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OFFICE OF THE SECRETARY OF THE ARMY
WASHINGTON, D. C.
August 15, 1918

General Louis F. Fletcher
The Adjutant General's Office
Washington, D. C.

Dear General:

I am very pleased to hear from you and to learn that you are well and happy.

I am sure that you are doing very well and that you are enjoying your work.

I am sure that you are doing very well and that you are enjoying your work.

I am sure that you are doing very well and that you are enjoying your work.

I am sure that you are doing very well and that you are enjoying your work.

I am sure that you are doing very well and that you are enjoying your work.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-2-4-3
53 3659

CCG-168940

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3659
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Fotios Agelithis		April 10, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
D. STREET ADDRESS (If rural, give location) 4940 Eastern, Ave.		D. STREET ADDRESS (If rural, give location) 125 Cheapside, Ave			
c. Length of stay in Baltimore 20 Yrs	5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 1897	9. AGE (In years last birthday) 56 Yrs
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	10B. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (State or foreign country) Greece		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME (Agapitos) Agapitos	14. MOTHER'S MAIDEN NAME Despina Anastaslou (Anastasiou)		17. INFORMANT ADDRESS Baltimore City Hospitals Records: 4940 Eastern, Ave.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes	16. SOCIAL SECURITY NO. 1st. World War 577-90-9396		18. 583.0		
CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hepatic failure of the Liver			8 wks.		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 3-23, 1953, to 4-10, 1953, that I last saw the deceased alive on 4-10, 1953, and that death occurred at 12:45 p.m., from the causes and on the date stated above.					
23A. SIGNATURE H. J. Williams		23B. ADDRESS 4940 Eastern, Ave., Balto. Md.		23C. DATE SIGNED April 10, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4-14-53	24C. NAME OF CEMETERY OR CREMATORY Greek	24D. LOCATION (City, town, or county) (State) Balto Md		
DATE RECEIVED BY LOCAL REGISTRAR APR 14 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS L.A. Bros Inc. 440 E. North Av.			

VS 150

39064

TO: THE SECRETARY OF THE ARMY

FROM: THE SECRETARY OF THE ARMY

SUBJECT: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

53 3660

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3660

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE DENECKE

2. DATE
OF
DEATH

April 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mercy Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Buffalo

c. Length of stay in Baltimore

10 days

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

153 Parkview Ave.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

7/22/05

9. AGE (in years
last birthday)

47

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Otto Denecke

14. MOTHER'S M maiden name

Rose Gilmore

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT'S

ADDRESS

Hospital records

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary thrombosis

7 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 6, 1953 to April 13, 1953 that I last saw the
deceased alive on April 13, 1953 and that death occurred at 8:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

R. K. Kider

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

4/13/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/16/53

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Buffalo, New York

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

R. W. Meeks and Son 805 N. Belmont

DEATH CERTIFICATE

STATE OF NEW YORK

1911

DEATH CERTIFICATE

NAME OF DECEASED: [illegible]

AGE: [illegible]

SEX: [illegible]

RACE: [illegible]

DATE OF DEATH: [illegible]

PLACE OF DEATH: [illegible]

Cause of Death: [illegible]

Signature of Physician: [illegible]

Signature of Registrar: [illegible]

DEATH CERTIFICATE

NAME OF DECEASED: [illegible]

AGE: [illegible]

SEX: [illegible]

RACE: [illegible]

DATE OF DEATH: [illegible]

PLACE OF DEATH: [illegible]

Cause of Death: [illegible]

Signature of Physician: [illegible]

Signature of Registrar: [illegible]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3861**

53 3661
BIRTH NO.

1. NAME OF DECEASED (Type or Print) LOUIS WESLEY VOGEL			2. DATE OF DEATH Apr. 12, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital Wyman Pk. Drive & 31st Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-08		
c. Length of stay in Baltimore ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3615 E. Lombard Street		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/18/95		9. AGE (In years last birthday) 57
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Wesley Vincent Vogel			14. MOTHER'S MAIDEN NAME Emma Bitterson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. ?	17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, 11, Md.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. ?	17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, 11, Md.		

18. 541.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) perforation, duodenum, acute		INTERVAL BETWEEN ONSET AND DEATH 48 hrs.
(A) DUE TO Duodenal ulcer		
(B) DUE TO		
C) DUE TO		Undetermined
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Apr. 12, 1953** to **Apr. 12, 1953** that I last saw the deceased alive on **Apr. 12, 1953** and that death occurred at **7:38P** m., from the causes and on the date stated above.

23A. SIGNATURE **J.A. Hunter** M.D. 23B. ADDRESS **US PHS Hospital, Balto, Md.** 23C. DATE SIGNED **4/13/53**

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE April 16/53	24C. NAME OF CEMETERY OR CRMATORY U. S. Nat. Cem.	24D. LOCATION (City, town, or county) (State) Baltimore
DATE RECEIVED BY LOCAL REGISTRAR APR 14 1953		25. FUNERAL DIRECTOR ADDRESS Philip Henry Jones, 2024 Orleans	

MARGIN RESERVED FOR BINDING
PLEASE PRINT FULLY, WITH UNFADING INK. Every item of information should be fully supplied. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 3862

BIRTH NO. 53 3662

1. NAME OF DECEASED
(Type or Print)

Benjamin Greenbaum

2. DATE
OF
DEATH

4/13/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

14-01

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1622 Bolton St. #17

c. Length of stay in Baltimore

86 Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W. Jewish

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

9-5-1866

9. AGE (in years
last birthday)

86 years

10. Under 1 Year

Months

11. Under 24 Hours

Days

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Simon Greenbaum

14. MOTHER'S MAIDEN NAME

Bettie Barr

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Anna Greenbaum, 1622 Bolton St.

18. 420.1 and E903.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Pulmonary edema
Coronary Occlusion
Cardiac Failure

ANTECEDENT CAUSES

(B)

DUE TO

Fracture of left femur

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Uremia

CERTIFICATION APPROVED BY
R. E. Fisher

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

CHIEF OR ASST. MEDICAL EXAMINER

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID
INJURY OCCUR?

If in Baltimore City, give exact location)

1622 Bolton St. #17

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

4/5/53

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Slipped & fell to floor

22. I hereby certify that I attended the deceased from 4/5, 1953, to 4/13, 1953, that I last saw the deceased alive on 4/13, 1953, and that death occurred at 2 A. m., from the causes and on the date stated above.

23A. SIGNATURE

By Samuel Heibler

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

4/13/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

Apr. 15, 1953

24C. NAME OF CEMETERY OR CREMATORY

Balto. Hebrew Cem.

24D. LOCATION (City, town, or county)

Belair Rd. Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

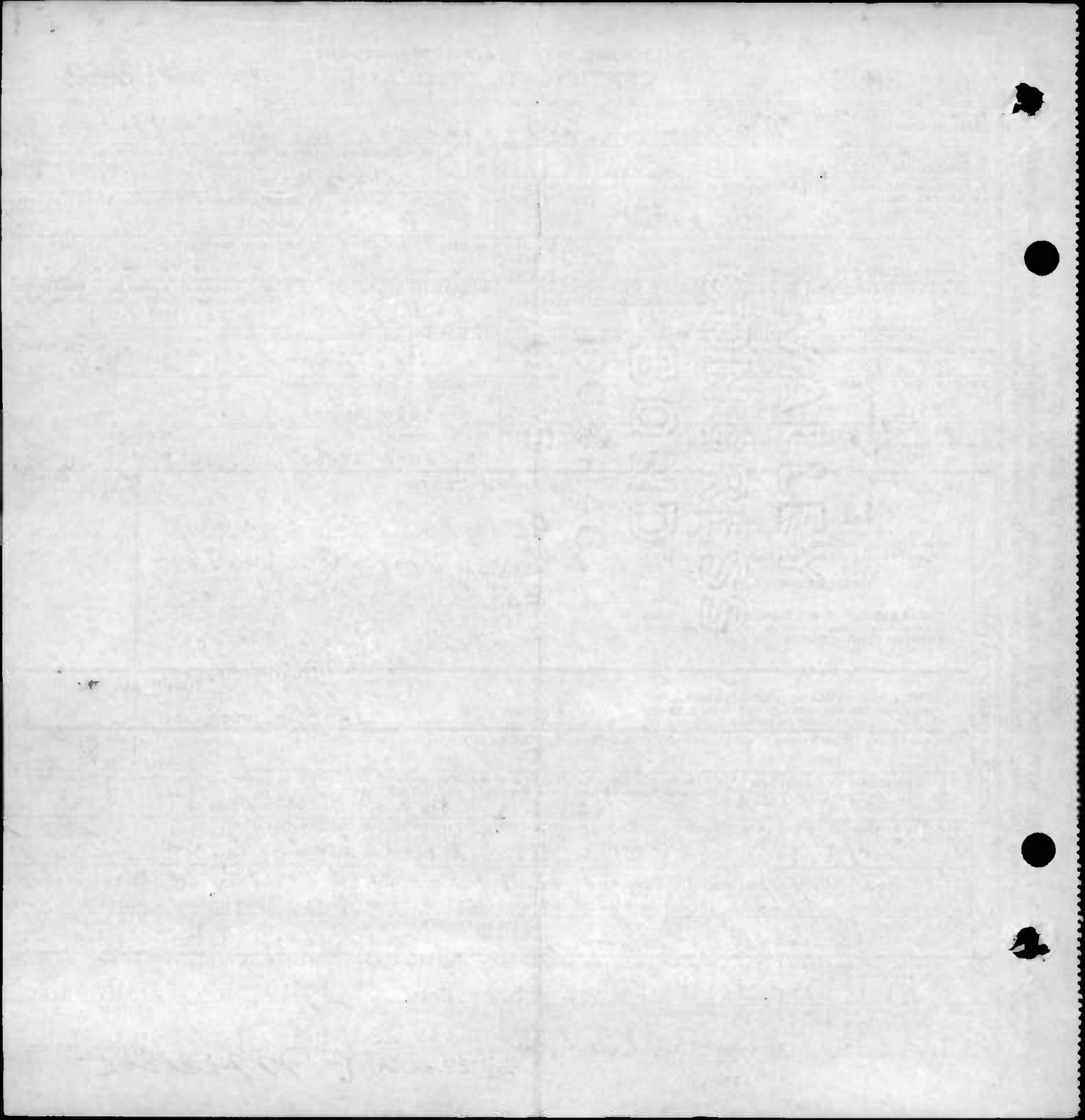
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

David R. Martin, 1902 Eutaw Place

Dana R. Martin



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3663
Registered No.

53 3663
BIRTH NO.

1. NAME OF DECEASED (Type or Print) MRS. JULIA NOONAN			2. DATE OF DEATH 4/12/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mercy Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 10-01		
c. Length of stay in Baltimore Life Yrs. Mos. Days			O. STREET ADDRESS (If rural, give location) 735 E. Preston St		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 1/28/93	9. AGE (In years last birthday) 60	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? US.
13. FATHER'S NAME John Whitty			14. MOTHER'S MAIDEN NAME Ready		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Daughter - A.D. Noonan		

18. 193x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Brain tumor (A) DUE TO	CAUSE OF DEATH Brain tumor	INTERVAL BETWEEN ONSET AND DEATH 1 mo. - ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Possible metastasis (B) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Craniotomy 4/11/53		

19A. DATE OF OPERATION 4/11/53		19B. MAJOR FINDINGS OF OPERATION Brain tumor - rgt. parietal		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/11/53 , 19__, to 4/12/53 , 19__, that I last saw the deceased alive on 4/12/53 , 19__ and that death occurred at 11:50 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Ray James Fischer		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED 4/14/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 16/53		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) (State) Baltimore		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, 100 E. Biddle St			

MINNESOTA DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SEX

AGE

EDUCATION

1

G-620

53 3664

53 3664

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Laura Gross			2. DATE OF DEATH 4/10/1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1235 East Monument Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1235 East Monument Street		
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH June-6th. 73	9. AGE (In years last birthday) 79	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Clarence Homely 716 N. Caroline St.		
18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cardio-renal vascular DUE TO (B) Disease DUE TO (C) 2-3 mo.			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7:10 to 10:10 , 19 53 that I last saw the deceased alive on 4:10 , 19 53 , and that death occurred at 8A m., from the causes and on the date stated above.					
23A. SIGNATURE Wm. L. Roy Berry		23B. ADDRESS 1420 E. Chase St		23C. DATE SIGNED 4-13-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/14/1953		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
24D. LOCATION (City, town, or county) (State) Brooklyn Md.		25. FUNERAL DIRECTOR Thoy O. Wilson		ADDRESS 1100 Beauty	
DATE RECEIVED BY LOCAL REGISTRAR APR 14 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Thoy O. Wilson	

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATEMENT OF DEATH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Date of registration	
13. Name of registrar		14. Name of informant		15. Name of physician	
16. Name of hospital		17. Name of funeral home		18. Name of cemetery	
19. Name of burial place		20. Name of burial place		21. Name of burial place	
22. Name of burial place		23. Name of burial place		24. Name of burial place	
25. Name of burial place		26. Name of burial place		27. Name of burial place	
28. Name of burial place		29. Name of burial place		30. Name of burial place	
31. Name of burial place		32. Name of burial place		33. Name of burial place	
34. Name of burial place		35. Name of burial place		36. Name of burial place	
37. Name of burial place		38. Name of burial place		39. Name of burial place	
40. Name of burial place		41. Name of burial place		42. Name of burial place	
43. Name of burial place		44. Name of burial place		45. Name of burial place	
46. Name of burial place		47. Name of burial place		48. Name of burial place	
49. Name of burial place		50. Name of burial place		51. Name of burial place	
52. Name of burial place		53. Name of burial place		54. Name of burial place	
55. Name of burial place		56. Name of burial place		57. Name of burial place	
58. Name of burial place		59. Name of burial place		60. Name of burial place	
61. Name of burial place		62. Name of burial place		63. Name of burial place	
64. Name of burial place		65. Name of burial place		66. Name of burial place	
67. Name of burial place		68. Name of burial place		69. Name of burial place	
70. Name of burial place		71. Name of burial place		72. Name of burial place	
73. Name of burial place		74. Name of burial place		75. Name of burial place	
76. Name of burial place		77. Name of burial place		78. Name of burial place	
79. Name of burial place		80. Name of burial place		81. Name of burial place	
82. Name of burial place		83. Name of burial place		84. Name of burial place	
85. Name of burial place		86. Name of burial place		87. Name of burial place	
88. Name of burial place		89. Name of burial place		90. Name of burial place	
91. Name of burial place		92. Name of burial place		93. Name of burial place	
94. Name of burial place		95. Name of burial place		96. Name of burial place	
97. Name of burial place		98. Name of burial place		99. Name of burial place	
100. Name of burial place		101. Name of burial place		102. Name of burial place	

53 3665

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

PETER

J. STECKMEYER

2. DATE
OF
DEATH

APRIL 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

2-8-41

3831 FERNDAL AVENUE

D. STREET ADDRESS (If rural, give location)

3831 FERNDAL AVENUE

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

7/18/1882

9. AGE (In years
last birthday)

70

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)SHEET METAL WORKER SHEAR METAL WORKER
LLOYD MITCHELL CO.10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Peter J. Steckmeyer

14. MOTHER'S MAIDEN NAME

Clementine A. Gessler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

M. Lena H. Steckmeyer 4114
Fords Lane

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) myocardial infarction

Five minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive Arteriosclerosis
cardiorenal disease

chronic

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY

William H. [Signature]

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

CHIEF OR ASST. MEDICAL EXAMINER

AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on DOA, 19____, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Maxim S. Daly

23B. ADDRESS

3300 W. North Avenue

23C. DATE SIGNED

4/13/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

4/16/53

Lorraine Park Cem.

Woodlawn Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 14 1953

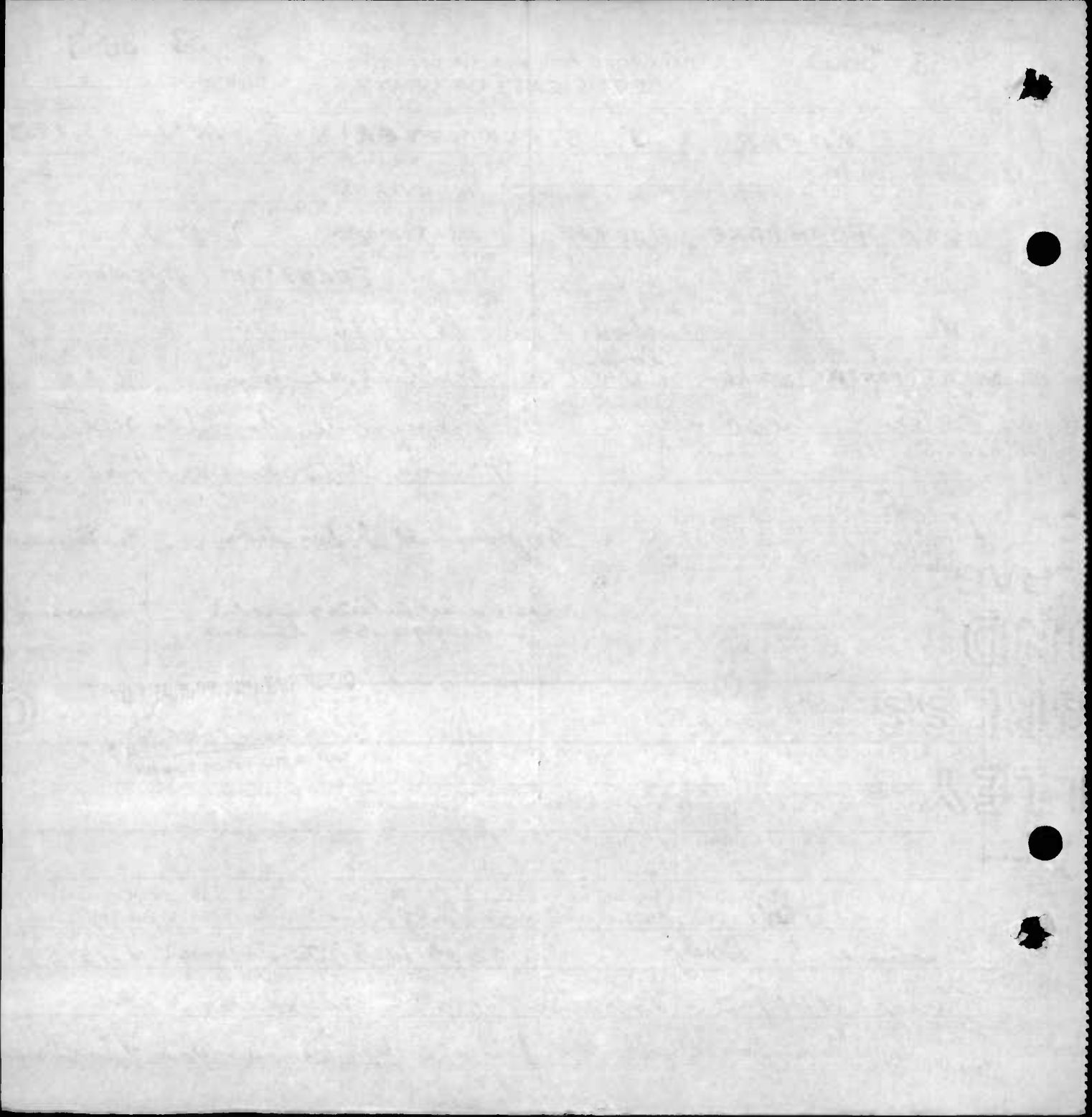
Huntington Williams, M.D.

John J. Cowan & Son

5913E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 3666

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rosa (or Rose) B. DeMoss

2. DATE
OF
DEATH

Apr. 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION 1103 Argonne Drive

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1103 Argonne Drive

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Oct. 23, 1887

9. AGE (In years

last birthday)

65

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles S. Cook

14. MOTHER'S MAIDEN NAME

Laura Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Herbert F. DeMoss - 1103 Argonne Dr.

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

Sudden

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Diabetes Mellitus

10 yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☒

22. I hereby certify that I attended the deceased from July 1952 to April 12, 1953 that I last saw the deceased alive on April 12, 1953 and that death occurred at 7 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/15/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 14 1953

Huntington Williams, M.D.

J. Pickens & Sons

Baltimore 17, Md.

DEPARTMENT OF HEALTH
BOSTON
CERTIFICATE OF DEATH

For use in the City of Boston

1. Name of deceased: _____

2. Sex: _____

3. Age: _____

4. Date of birth: _____

5. Place of birth: _____

6. Usual residence: _____

7. Cause of death: _____

8. Date of death: _____

9. Time of death: _____

10. Signature of attending physician: _____

11. Signature of coroner: _____

12. Signature of registrar: _____

13. Signature of informant: _____

14. Signature of witness: _____

15. Signature of witness: _____

16. Signature of witness: _____

17. Signature of witness: _____

18. Signature of witness: _____

19. Signature of witness: _____

20. Signature of witness: _____

21. Signature of witness: _____

22. Signature of witness: _____

23. Signature of witness: _____

24. Signature of witness: _____

25. Signature of witness: _____

26. Signature of witness: _____

27. Signature of witness: _____

28. Signature of witness: _____

29. Signature of witness: _____

30. Signature of witness: _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3667
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annie L. Miller

2. DATE
OF
DEATH

April 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1425 Clarkson

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1425 Clarkson St

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 18, 1869

9. AGE (In years

last birthday)

83

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Balt Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Henry Friday

14. MOTHER'S MAIDEN NAME

Friday

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs Lottie Miller 3003 Blenheim Ave

ADDRESS (4)

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Occlusion

Immediate

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arterio sclerotic heart
disease

?

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/26/1949 to 4/13/1953, that I last saw the
deceased alive on 4/7/1953, and that death occurred at 9:15a m., from the causes and on the date stated above.

22A. SIGNATURE

Safary Deibel

M. D.

23B. ADDRESS

1226 Hanover St.

23C. DATE SIGNED

4/14/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Buried

24B. DATE

April 16, 1953

24C. NAME OF CEMETERY OR CREMATORY

Linden Pk

24D. LOCATION (City, town, or county)

Balt

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

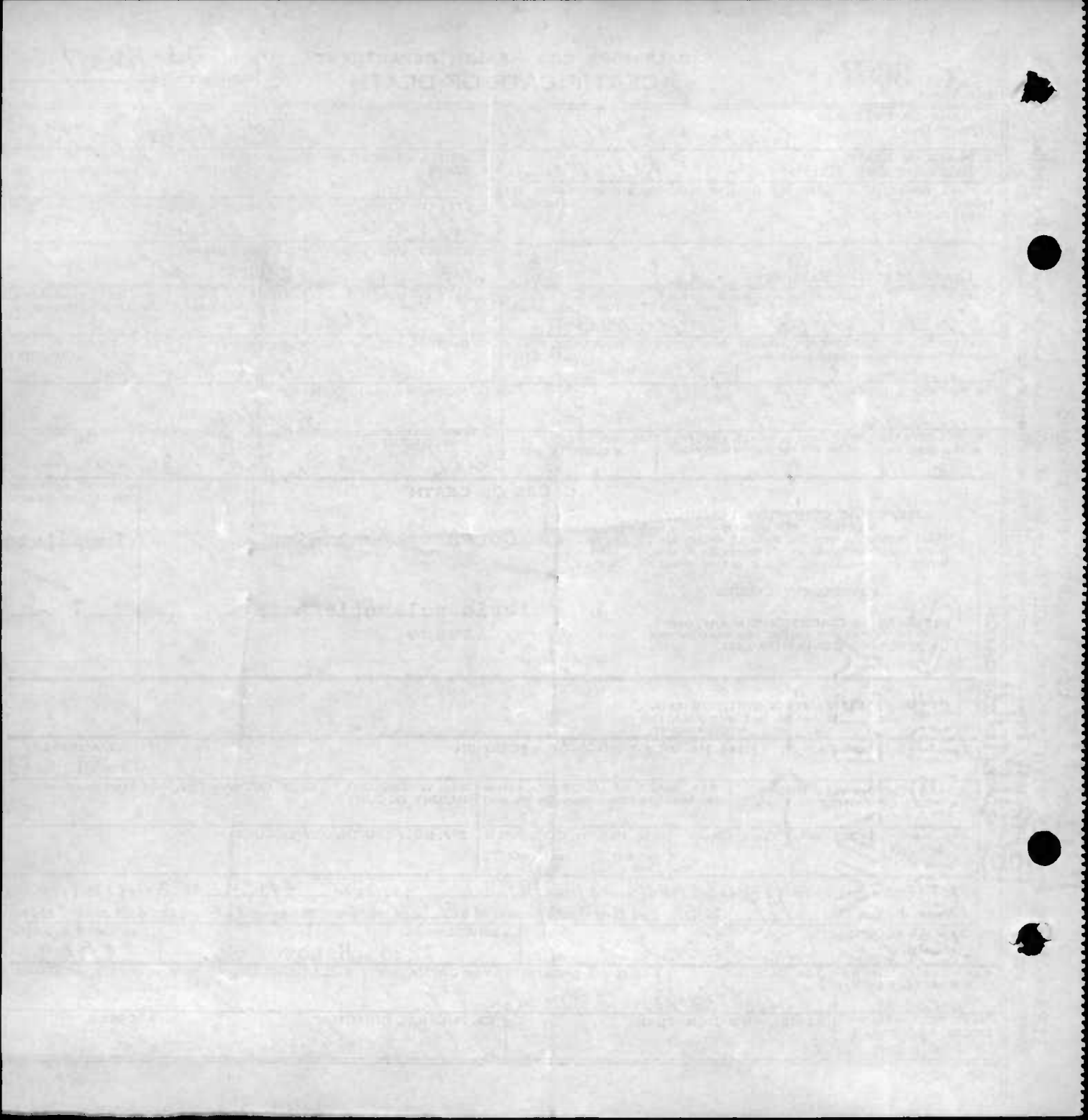
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

J. Edward Evans 1400 S. Charles

ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-643
53 3668BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3668

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

416X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-12-1953 to 4-13-1953, that I last saw the
deceased alive on 4-13-1953 and that death occurred at 2:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

CERTIFICATE OF DEATH

NAME OF DECEASED
AGE
SEX
RACE
DATE OF DEATH
PLACE OF DEATH

CAUSE OF DEATH
MANNER OF DEATH

EDUCATION
OCCUPATION
MARRIAGE

RELIGION
BIRTHPLACE
NATURALIZATION

PREVIOUS ILLNESS
PREVIOUS SURGERY
PREVIOUS TRAUMA

PREVIOUS DRUGS
PREVIOUS ALCOHOL
PREVIOUS TOBACCO

PREVIOUS ACCIDENTS
PREVIOUS INJURIES
PREVIOUS DISEASES

PREVIOUS DEATHS
PREVIOUS BURIALS
PREVIOUS CREMATIONS

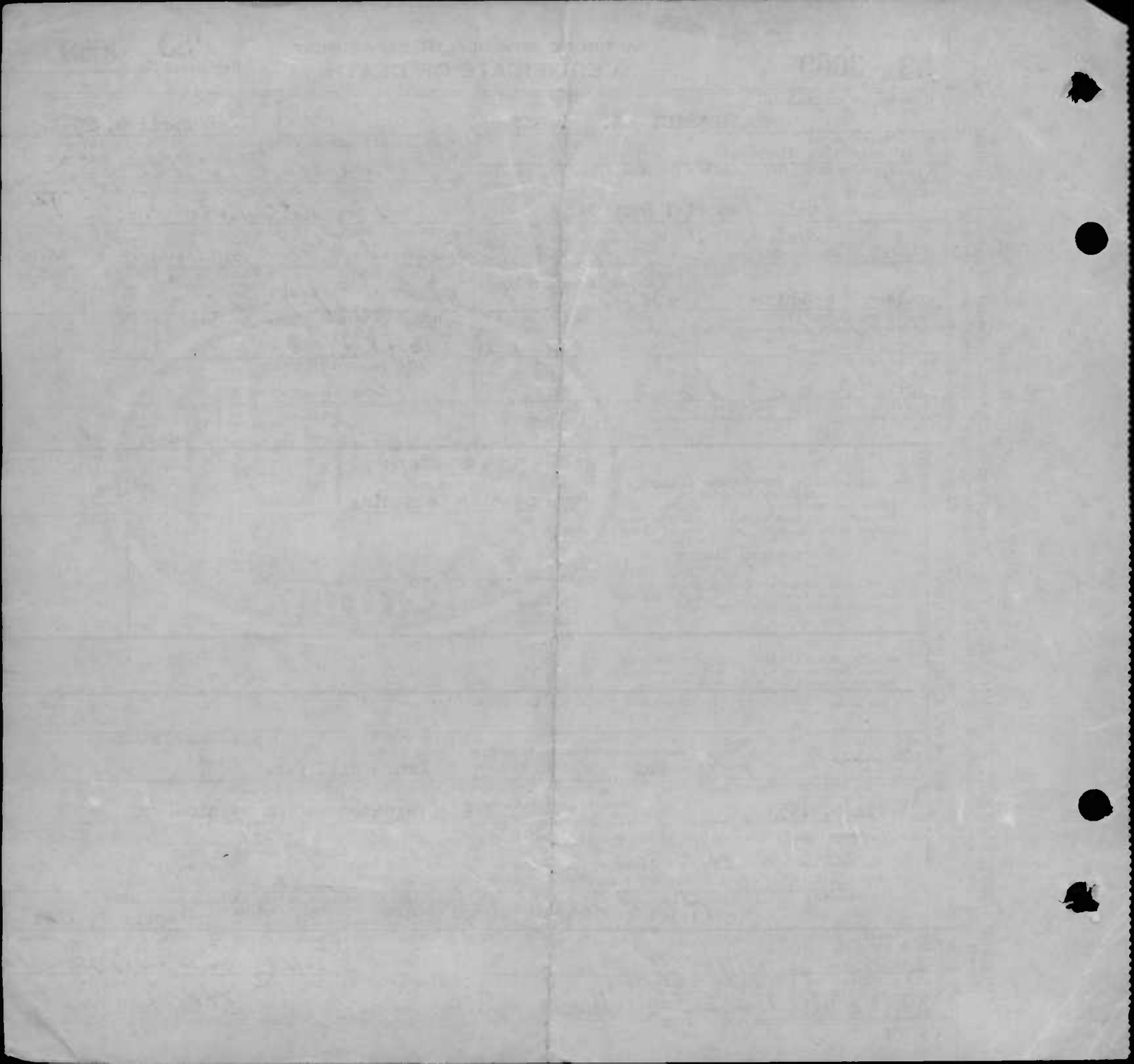
PREVIOUS MARRIAGES
PREVIOUS DIVORCES
PREVIOUS WIDOWS

PREVIOUS CHILDREN
PREVIOUS GRANDCHILDREN
PREVIOUS GREAT-GRANDCHILDREN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0.120 53 3669 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 3669 Registered No.	
1. NAME OF DECEASED (Type or Print) RASHID S. OBOOSY			2. DATE OF DEATH April 6, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-02		
c. Length of stay in Baltimore Since Jan 7, 1953			D. STREET ADDRESS (If rural, give location) Dormitory of Johns Hopkins 31st Charles		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct 7, 1927	9. AGE (in years last birthday) 25	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student			10B. KIND OF BUSINESS OR INDUSTRY Hopkins University		
11. BIRTHPLACE (State or foreign country) Baghdad			12. CITIZEN OF WHAT COUNTRY? Iraq		
13. FATHER'S NAME Sabira Oboosy			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Iraq Embassy Wash. D.C.			ADDRESS		
18. E9718 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cyanide poisoning DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH Cyanide poisoning INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Park		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Druid Hill Park	
21D. TIME (Month) (Day) (Year) (Hour) April 6, 1953		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Ingested sodium cyanide	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. S. Oboosy			23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		
23C. DATE SIGNED April 7, 1953					
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 4/14/53		24C. NAME OF CEMETERY OR CREMATORY Iraq Baghdad	
24D. LOCATION (City, town, or county) (State) Iraq Baghdad		25. FUNERAL DIRECTOR Loring Byers 5005 Pk. Heights			
DATE RECEIVED BY LOCAL REGISTRAR APR 14 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			
VS 151 N-979.0					



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3670

BIRTH NO.

53 3670

1. NAME OF DECEASED (Type or Print) Catherine Mary Hagan			2. DATE OF DEATH April 12th., 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1845 Regester Street			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
7. Length of stay in Baltimore Life			8. STREET ADDRESS (If rural, give location) 1845 Regester Street		
9. SEX Female	10. COLOR OR RACE White	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	12. DATE OF BIRTH 4-29-1870		13. AGE (In years last birthday) 82
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			15. BIRTHPLACE (State or foreign country) Baltimore, Maryland		16. CITIZEN OF WHAT COUNTRY? U.S.A.
17. FATHER'S NAME John McKenna			18. MOTHER'S MAIDEN NAME Catherine Farley		
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			20. SOCIAL SECURITY NO. None		
21. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) None			22. INFORMANT ADDRESS Mr. T. Leonard Hagan-1707 Waverly Way		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 10 days 3 yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Fracture of Left Femur.		3 yrs.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 25, 1953 to April 12 1953 that I last saw the deceased alive on 4-11-1953, and that death occurred at 11 P. m., from the causes and on the date stated above.					
23A. SIGNATURE Alfred S. Singwald		23B. ADDRESS 1613 E. North Ave.		23C. DATE SIGNED 4-13-53	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-16-1953		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery		24D. LOCATION (City, town, or county) (State) Edmondson Ave. Balto: Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 14 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR George J. Ruth, Inc.		ADDRESS -1735 Harford Avenue	

035

14-2-40

RECEIVED BY HEALTH DEPARTMENT
FEBRUARY 14 1940

1000

[Faint, mostly illegible text covering the majority of the page, likely bleed-through from the reverse side. Some fragments are visible, such as "RECEIVED BY HEALTH DEPARTMENT" and "FEBRUARY 14 1940".]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3671

Registered No. _____

53 3671

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) FLORENCE KAMKA			2. DATE OF DEATH April 10, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland 1913 Eutaw Place			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION Twilight Nursing Home			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 106 S. Curley St.,		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 13, 1869	9. AGE (In years last birthday) 83	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10B. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Hartlove			14. MOTHER'S MAIDEN NAME Elizabeth Engels		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Mrs. Elizabeth Hartlove 106 N. Curley St.		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) congestive heart failure		INTERVAL BETWEEN ONSET AND DEATH 6 months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. GENERALIZED ARTERIOSCLEROSIS		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION April 9, 1953		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from APRIL 9, 1953 , to APRIL 10, 1953 , that I last saw the deceased alive on April 9, 1953 , and that death occurred at 8:40 p.m. , from the causes and on the date stated above.				
23A. SIGNATURE <i>E. C. Smith</i>		23B. ADDRESS 2431 Maryland Ave.		23C. DATE SIGNED 4-13-53

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Apr. 14, 1953	24C. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 14 1953	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS Pullrich Funeral Home 2008 Orleans St.	

DEPARTMENT OF HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of coroner		12. Signature of jury	
13. Signature of witnesses		14. Signature of family		15. Signature of neighbors	
16. Signature of clergy		17. Signature of school		18. Signature of employer	
19. Signature of others		20. Signature of others		21. Signature of others	
22. Signature of others		23. Signature of others		24. Signature of others	
25. Signature of others		26. Signature of others		27. Signature of others	
28. Signature of others		29. Signature of others		30. Signature of others	
31. Signature of others		32. Signature of others		33. Signature of others	
34. Signature of others		35. Signature of others		36. Signature of others	
37. Signature of others		38. Signature of others		39. Signature of others	
40. Signature of others		41. Signature of others		42. Signature of others	
43. Signature of others		44. Signature of others		45. Signature of others	
46. Signature of others		47. Signature of others		48. Signature of others	
49. Signature of others		50. Signature of others		51. Signature of others	
52. Signature of others		53. Signature of others		54. Signature of others	
55. Signature of others		56. Signature of others		57. Signature of others	
58. Signature of others		59. Signature of others		60. Signature of others	
61. Signature of others		62. Signature of others		63. Signature of others	
64. Signature of others		65. Signature of others		66. Signature of others	
67. Signature of others		68. Signature of others		69. Signature of others	
70. Signature of others		71. Signature of others		72. Signature of others	
73. Signature of others		74. Signature of others		75. Signature of others	
76. Signature of others		77. Signature of others		78. Signature of others	
79. Signature of others		80. Signature of others		81. Signature of others	
82. Signature of others		83. Signature of others		84. Signature of others	
85. Signature of others		86. Signature of others		87. Signature of others	
88. Signature of others		89. Signature of others		90. Signature of others	
91. Signature of others		92. Signature of others		93. Signature of others	
94. Signature of others		95. Signature of others		96. Signature of others	
97. Signature of others		98. Signature of others		99. Signature of others	
100. Signature of others		101. Signature of others		102. Signature of others	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 367253 3672
BIRTH NO. 53-083331. NAME OF DECEASED
(Type or Print)DAVID CARLISLE KIMMELBEIN2. DATE
OF
DEATH4-7-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONMaryland General HospitalYrs.
Mos.
Days

c. Length of stay in Baltimore

1

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Single

8. DATE OF BIRTH

4-6-539. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.23 4010A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Ferdinand Carl Kimmelbein

14. MOTHER'S MAIDEN NAME

Margaret Wiles Snyder15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 776x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-7-, 1953, to 4-7, 1953, that I last saw the
deceased alive on 4-7, 1953, and that death occurred at 11:35 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Anderson

M. D.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

4-7-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL APR 13 1953DATE RECEIVED BY
LOCAL REGISTRAR

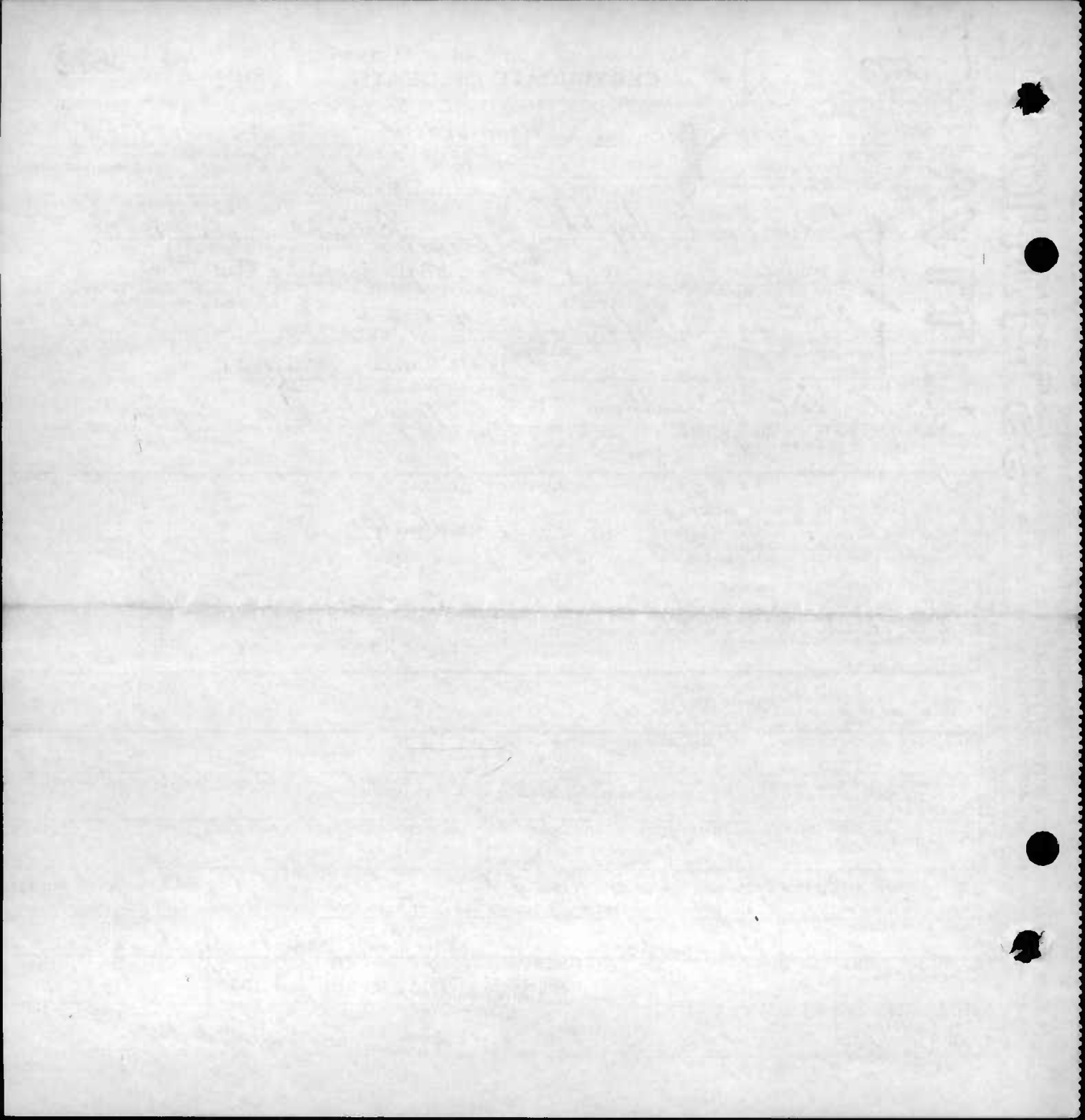
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.



560

53 3673

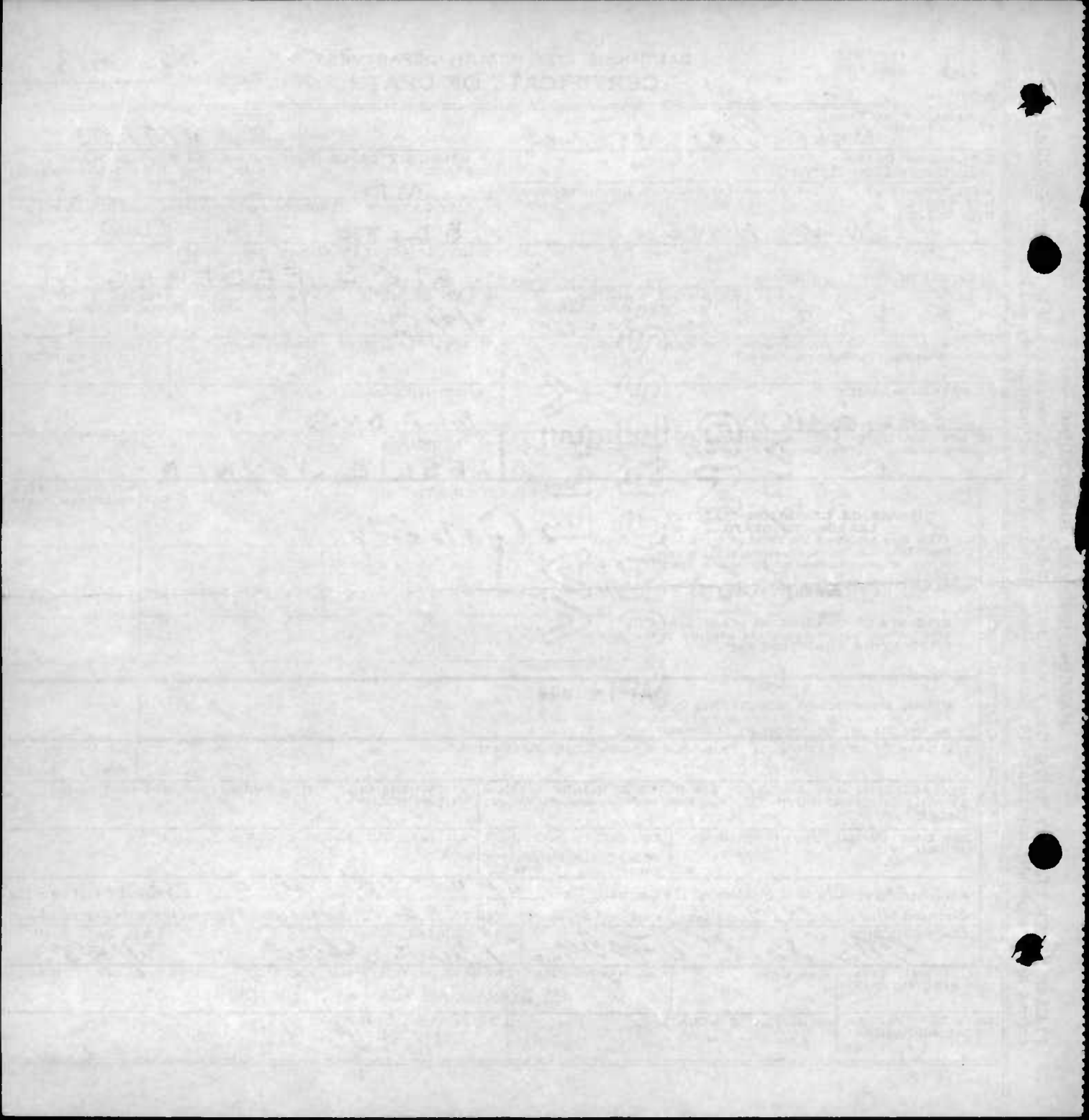
BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 3673

BIRTH NO. 53-10657

1. NAME OF DECEASED (Type or Print) Baby Girl Joyner		2. DATE OF DEATH 4/9/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY BALTO.	
B. FULL NAME OF (If not in hospital or institution, give street address or location) UNIV. HOSP.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 12-05	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 218 E. FEDERAL ST.	
5. SEX F	6. COLOR OR RACE B	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 4/9/53
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 2	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME LESLIE H.		12. CITIZEN OF WHAT COUNTRY? 2	
14. MOTHER'S MAIDEN NAME GLADYS ?		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT LESLIE JOYNER	
18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) IMMATURITY DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		MAY 14 1953	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 4/9 , 19 53 to 4/9 , 19 53 that I last saw the deceased alive on 4/9 , 19 53 and that death occurred at 10 a. m., from the causes and on the date stated above.	
23A. SIGNATURE Michael J. Foley		23B. ADDRESS Univ. Hosp	
23C. DATE SIGNED 4/9/53		24A. BURIAL, CREMATION, REMOVAL (Specify)	
24B. DATE		24C. NAME OF CEMETERY OR CREMATORY JOHN HUPKINS MEDICAL SCHOOL	
24D. LOCATION (City, town, or county) (State) APR 14 1953		25. FUNERAL DIRECTOR Huntington Williams, M.D.	
DATE RECEIVED BY LOCAL REGISTRAR APR 14 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

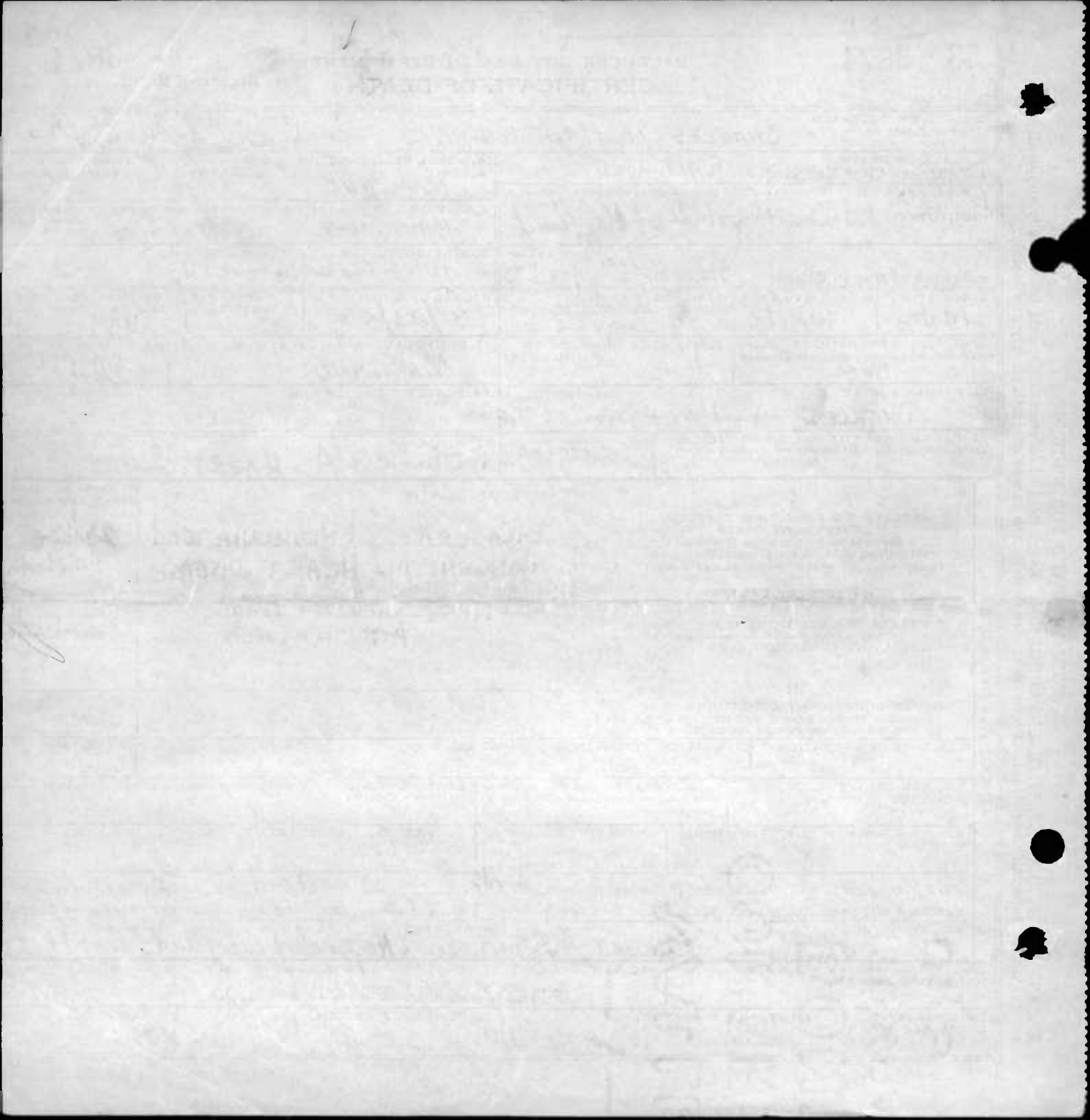
53 3674 Registered No. 53 3674

BIRTH NO. 53-07295

1. NAME OF DECEASED (Type or Print) CHARLES A. HAERTIG, JR		2. DATE OF DEATH APRIL 5, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lutheran Hospital of Maryland		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 16-07	
c. Length of stay in Baltimore Since birth 12 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1406 Poplar Grove St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 3/23/53
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 13
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME CHARLES A. HAERTIG		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Charles A. HAERTIG		ADDRESS	

18. 754.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) BILATERAL PNEUMONIA and CONGENITAL HEART DISEASE	CAUSE OF DEATH (A) DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 2 wks Since birth Since birth 2 wks
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. MULTIPLE CONGENITAL ANOMALIES		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION ✓		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 5, 1953 , to April 5, 1953 , that I last saw the deceased alive on April 5, 1953 and that death occurred at 3 PM m., from the causes and on the date stated above.					
23A. SIGNATURE William D. Rusan, M.D.		23B. ADDRESS Lutheran Hospital of Maryland		23C. DATE SIGNED April 5, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY JOHN HUPKINS MEDICAL SCHOOL	
24D. LOCATION (City, town, or county) (State) APR 13 1953		25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS Huntington Williams, M.D.	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-500 53 3675 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 3675 Registered No.	
1. NAME OF DECEASED (Type or Print) <i>Cornie Berry</i>			2. DATE OF DEATH <i>April 10, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med. Dept. 4</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore Yrs. <i>30</i> Mos. <i>7</i> Days <i>05</i>			D. STREET ADDRESS (If rural, give location) <i>1720 Madison St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>11-6-01</i>	9. AGE (In years last birthday) <i>51</i>	# Under 1 Year Months: <i>5</i> Days: <i>10</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Indiana</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			13. FATHER'S NAME <i>Linker</i>		
14. MOTHER'S MAIDEN NAME <i>Linker</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		
18. <i>49DX and 023X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>pneumonia, st. upper lobe</i> DUE TO (A) <i>10 da</i>			CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>—</i> (C) <i>—</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>siphilitic aortitis</i>			<i>4 mos</i>		
19A. DATE OF OPERATION <i>4-4-53</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>—</i>		20. AUTOPSY? IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>—</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4-4-1953</i> , to <i>4-10-1953</i> , that I last saw the deceased alive on <i>4-10-1953</i> , and that death occurred at <i>9:50 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Richard J. Holmes</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>13 Apr 53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Apr 17-1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Union Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Frederick</i>		24E. FUNERAL DIRECTOR <i>Huntington Williams</i>		24F. ADDRESS <i>1515 1/2 Cherry St</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 14 1953</i>					
VS 150 <i>7208A</i>					

53 3676

BROWN
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3676

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth Martha Brown

2. DATE
OF
DEATH

April 14-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1918 Frederick Ave

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore City 20-05

D. STREET ADDRESS (If rural, give location)

1918 Frederick Ave

c. Length of stay in Baltimore

43 Yrs.
More
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

December 24-1879

9. AGE (In years
last birthday)

73

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Book Binder

10B. KIND OF BUSINESS OR
INDUSTRY

Optic Binding

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

215-03-5598

17. INFORMANT

David H. Brown

ADDRESS

4709 Summit Rd

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

4 wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Generalized arteriosclerosis

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

1st ptensionion

3 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1950 to April 14, 1953, that I last saw the
deceased alive on April 13, 1953, and that death occurred at 4 a. m., from the causes and on the date stated above.

23A. SIGNATURE

M. B. Schreiber

23B. ADDRESS

54 S. I. Fulton Ave

23C. DATE SIGNED

4-14-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

April 16-1953

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

George L. Schweb 2101 Frederick Ave

ADDRESS

REPORT OF THE SECRETARY OF COMMERCE

ON THE STATE OF THE COMMERCE OF THE UNITED STATES

FOR THE YEAR 1908

AND THE PROGRESS OF THE COMMERCE OF THE UNITED STATES

IN THE YEAR 1908

AND THE PROGRESS OF THE COMMERCE OF THE UNITED STATES

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IN THE YEAR 1908

AND THE PROGRESS OF THE COMMERCE OF THE UNITED STATES

53 3677

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3677
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MRS. MARY NAPIERSKI

2. DATE
OF
DEATH

April 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 29

28-04

D. STREET ADDRESS (If rural, give location)

4216 FREDERICK AVE.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

BON SECOURS HOSPITAL

c. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

7-5-78

9. AGE (in years
last birthday)

74

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR
INDUSTRY

Domestic

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

FRANK PETERSON

14. MOTHER'S MAIDEN NAME

ANNA

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

NONE

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

Daughter, Mrs. Martha Schafer

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary embolism.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Myocardial infarction with mural

thrombus.

DUE TO

(C) Coronary occlusion

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic heart disease.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-30-1953, to 4-14-1953, that I last saw the
deceased alive on 4-14-1953, and that death occurred at 10 A.m., from the causes and on the date stated above.

23A. SIGNATURE

James P. Shabill

23B. ADDRESS

M. D.

Bon Secours Hosp.

23C. DATE SIGNED

4/14/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

4-17-53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county) (State)

BALTIMORE, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

George L. Schwab 2101 Frederick Ave.

STATE OF NEW YORK
BUREAU OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of medical examiner		11. Signature of coroner		12. Signature of jury	
13. Signature of health officer		14. Signature of county clerk		15. Signature of city clerk		16. Signature of town clerk	
17. Signature of village clerk		18. Signature of school district clerk		19. Signature of fire district clerk		20. Signature of water district clerk	
21. Signature of sewer district clerk		22. Signature of gas district clerk		23. Signature of electric district clerk		24. Signature of telephone district clerk	
25. Signature of telegraph district clerk		26. Signature of post office clerk		27. Signature of postmaster		28. Signature of post office assistant	
29. Signature of post office clerk		30. Signature of postmaster		31. Signature of post office assistant		32. Signature of post office clerk	
33. Signature of postmaster		34. Signature of post office assistant		35. Signature of post office clerk		36. Signature of postmaster	
37. Signature of post office assistant		38. Signature of post office clerk		39. Signature of postmaster		40. Signature of post office assistant	
41. Signature of post office clerk		42. Signature of postmaster		43. Signature of post office assistant		44. Signature of post office clerk	
45. Signature of postmaster		46. Signature of post office assistant		47. Signature of post office clerk		48. Signature of postmaster	
49. Signature of post office assistant		50. Signature of post office clerk		51. Signature of postmaster		52. Signature of post office assistant	
53. Signature of post office clerk		54. Signature of postmaster		55. Signature of post office assistant		56. Signature of post office clerk	
57. Signature of postmaster		58. Signature of post office assistant		59. Signature of post office clerk		60. Signature of postmaster	
61. Signature of post office assistant		62. Signature of post office clerk		63. Signature of postmaster		64. Signature of post office assistant	
65. Signature of post office clerk		66. Signature of postmaster		67. Signature of post office assistant		68. Signature of post office clerk	
69. Signature of postmaster		70. Signature of post office assistant		71. Signature of post office clerk		72. Signature of postmaster	
73. Signature of post office assistant		74. Signature of post office clerk		75. Signature of postmaster		76. Signature of post office assistant	
77. Signature of post office clerk		78. Signature of postmaster		79. Signature of post office assistant		80. Signature of post office clerk	
81. Signature of postmaster		82. Signature of post office assistant		83. Signature of post office clerk		84. Signature of postmaster	
85. Signature of post office assistant		86. Signature of post office clerk		87. Signature of postmaster		88. Signature of post office assistant	
89. Signature of post office clerk		90. Signature of postmaster		91. Signature of post office assistant		92. Signature of post office clerk	
93. Signature of postmaster		94. Signature of post office assistant		95. Signature of post office clerk		96. Signature of postmaster	
97. Signature of post office assistant		98. Signature of post office clerk		99. Signature of postmaster		100. Signature of post office assistant	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3678

BIRTH NO. 53 3678

1. NAME OF DECEASED (Type or Print) <i>Mary Luttmer</i>			2. DATE OF DEATH <i>April 14-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Little Sisters of the Poor</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Dandallstown</i>		
c. Length of stay in Baltimore <i>5</i> Yrs. <i>5</i> Mos. <i>5</i> Days			D. STREET ADDRESS (If rural, give location) <i>Marriottville Rd. 5300</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	8. DATE OF BIRTH <i>April 16, 1874</i>	9. AGE (In years last birthday) <i>79</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework at home</i>			10B. KIND OF BUSINESS OR INDUSTRY		
11. FATHER'S NAME <i>Herman Luttmer</i>			12. CITIZEN OF WHAT COUNTRY?		
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			14. MOTHER'S MAIDEN NAME <i>Katherine Sherman</i>		
15. SOCIAL SECURITY NO.			17. INFORMANT <i>Little Sisters of the Poor</i>		
16. ADDRESS			17. ADDRESS		

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Chronic Myocarditis</i>	CAUSE OF DEATH <i>Chronic Myocarditis</i>	INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arterio-Sclerosis</i>	(B) <i>Arterio-Sclerosis</i>	<i>5 yrs.</i>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb 15, 1953</i> to <i>April 13, 1953</i> that I last saw the deceased alive on <i>April 12, 1953</i> , and that death occurred at <i>5 A</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>E. G. Hall Md</i>		23B. ADDRESS <i>1631 E North Ave</i>		23C. DATE SIGNED <i>April 13-1953</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4-16-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St Charles</i>	
24D. LOCATION (City, town, or county) (State) <i>Citizensville S. Md</i>		25. FUNERAL DIRECTOR <i>Frank H. Gurd, Citizensville Md.</i>		25. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 14 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, Md.</i>		25. ADDRESS	

1853
7874

79

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 3679

53 3679

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Eleanor Sullivan

2. DATE
OF
DEATH

April 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore, Md.

D. STREET ADDRESS (If rural, give location)

4420 Glenmore Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 25-1889 64

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

AT Home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE- Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

MATTHIAS Herbig

14. MOTHER'S MAIDEN NAME

Mary Ricker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Wilfred J. Sullivan SAME

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive Cardio Vascular
Disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 14, 1953, to April 14, 1953, that I last saw the
deceased alive on April 14, 1953, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Louis A. Fintz

M. D.

23B. ADDRESS

1400 N. Caroline St.

23C. DATE SIGNED

4-14-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-17-53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

BALTO

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Luck 5305 Harford

CERTIFICATE OF DEATH
BALTIMORE CITY HEALTH DEPARTMENT

1. NAME OF DECEASED		2. SEX		3. AGE	
4. OCCUPATION		5. MARITAL STATUS		6. PLACE OF BIRTH	
7. DATE OF DEATH		8. TIME OF DEATH		9. CAUSE OF DEATH	
10. PLACE OF DEATH		11. SIGNATURE OF PHYSICIAN		12. SIGNATURE OF REGISTRAR	
13. SIGNATURE OF WITNESSES		14. SIGNATURE OF FUNERAL HOME		15. SIGNATURE OF BURIAL PLACE	
16. SIGNATURE OF CORONER		17. SIGNATURE OF JURY		18. SIGNATURE OF JUDGE	
19. SIGNATURE OF DISTRICT ATTORNEY		20. SIGNATURE OF CLERK		21. SIGNATURE OF SHERIFF	
22. SIGNATURE OF DEPUTY SHERIFF		23. SIGNATURE OF CONSTABLE		24. SIGNATURE OF JAILER	
25. SIGNATURE OF PRISONER		26. SIGNATURE OF WARDEN		27. SIGNATURE OF CHIEF OF POLICE	
28. SIGNATURE OF DETECTIVE		29. SIGNATURE OF INSPECTOR		30. SIGNATURE OF SUPERVISOR	
31. SIGNATURE OF OFFICER		32. SIGNATURE OF SERGEANT		33. SIGNATURE OF PRIVATE	
34. SIGNATURE OF CAPTAIN		35. SIGNATURE OF MAJOR		36. SIGNATURE OF LIEUTENANT	
37. SIGNATURE OF COLONEL		38. SIGNATURE OF BRIGADE MAJOR		39. SIGNATURE OF QUARTERMASTER	
40. SIGNATURE OF SURGEON		41. SIGNATURE OF ASSISTANT SURGEON		42. SIGNATURE OF MEDICAL OFFICER	
43. SIGNATURE OF DENTIST		44. SIGNATURE OF VETERINARY OFFICER		45. SIGNATURE OF CHIEF OF NAVY	
46. SIGNATURE OF CHIEF OF ARMY		47. SIGNATURE OF CHIEF OF AIR FORCE		48. SIGNATURE OF CHIEF OF SPACE FORCE	
49. SIGNATURE OF CHIEF OF MARINE CORPS		50. SIGNATURE OF CHIEF OF COAST GUARD		51. SIGNATURE OF CHIEF OF CUSTOMS	
52. SIGNATURE OF CHIEF OF REVENUE		53. SIGNATURE OF CHIEF OF POST OFFICE		54. SIGNATURE OF CHIEF OF TELEGRAPH	
55. SIGNATURE OF CHIEF OF RAILROAD		56. SIGNATURE OF CHIEF OF STEAMSHIP		57. SIGNATURE OF CHIEF OF AIRCRAFT	
58. SIGNATURE OF CHIEF OF MOTOR VEHICLE		59. SIGNATURE OF CHIEF OF BOAT		60. SIGNATURE OF CHIEF OF FISH AND GAME	
61. SIGNATURE OF CHIEF OF FOREST		62. SIGNATURE OF CHIEF OF MINES		63. SIGNATURE OF CHIEF OF COALS	
64. SIGNATURE OF CHIEF OF IRON		65. SIGNATURE OF CHIEF OF STEEL		66. SIGNATURE OF CHIEF OF CEMENT	
67. SIGNATURE OF CHIEF OF LUMBER		68. SIGNATURE OF CHIEF OF PAPER		69. SIGNATURE OF CHIEF OF TEXTILES	
70. SIGNATURE OF CHIEF OF CLOTHING		71. SIGNATURE OF CHIEF OF FOOD		72. SIGNATURE OF CHIEF OF DRUGS	
73. SIGNATURE OF CHIEF OF MEDICINE		74. SIGNATURE OF CHIEF OF SURGERY		75. SIGNATURE OF CHIEF OF DENTISTRY	
76. SIGNATURE OF CHIEF OF VETERINARY		77. SIGNATURE OF CHIEF OF AGRICULTURE		78. SIGNATURE OF CHIEF OF FISHERY	
79. SIGNATURE OF CHIEF OF COMMERCE		80. SIGNATURE OF CHIEF OF TRANSPORT		81. SIGNATURE OF CHIEF OF COMMUNICATIONS	
82. SIGNATURE OF CHIEF OF INFORMATION		83. SIGNATURE OF CHIEF OF INTELLIGENCE		84. SIGNATURE OF CHIEF OF SECURITY	
85. SIGNATURE OF CHIEF OF DEFENSE		86. SIGNATURE OF CHIEF OF POLICE		87. SIGNATURE OF CHIEF OF FIRE DEPARTMENT	
88. SIGNATURE OF CHIEF OF PUBLIC WORKS		89. SIGNATURE OF CHIEF OF SANITATION		90. SIGNATURE OF CHIEF OF HEALTH	
91. SIGNATURE OF CHIEF OF EDUCATION		92. SIGNATURE OF CHIEF OF CULTURE		93. SIGNATURE OF CHIEF OF RECREATION	
94. SIGNATURE OF CHIEF OF ARTS		95. SIGNATURE OF CHIEF OF SCIENCE		96. SIGNATURE OF CHIEF OF TECHNOLOGY	
97. SIGNATURE OF CHIEF OF INNOVATION		98. SIGNATURE OF CHIEF OF RESEARCH		99. SIGNATURE OF CHIEF OF DEVELOPMENT	
100. SIGNATURE OF CHIEF OF PROGRESS		101. SIGNATURE OF CHIEF OF FUTURE		102. SIGNATURE OF CHIEF OF HUMANITY	

W-451

53 3680

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3680

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KURT H MOLLENBERG

2. DATE
OF
DEATH

4-14-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2859 W. Cold Spring Lane

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

15-13

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2859 W Cold Spring Lane

c. Length of stay in Baltimore

Yrs.
Mos.
Days

17

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years,
last birthday)

54

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Agent

10B. KIND OF BUSINESS OR
INDUSTRY

Life Ins

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Philip

14. MOTHER'S MAIDEN NAME

Pauline

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Kerta Mollenberg - same

18. 162X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Bronchogenic carcinoma

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1944 to April 13, 1953, that I last saw the
deceased alive on 4-13-53, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Harold H. Bix

23B. ADDRESS

2516 Linden Ave

23C. DATE SIGNED

4-14-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-15-53

24C. NAME OF CEMETERY OR CREMATORY

Cheverre Chavara

24D. LOCATION (City, town, or county) (State)

Randallstown Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

GARY LEWIS 2100 GUTTENBERG RD

ADDRESS

10/24/44

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

10/24/44

NAME OF DECEASED
CLYDE W. BROWN

DATE OF DEATH
OCTOBER 24, 1944

PLACE OF DEATH
LOS ANGELES, CALIFORNIA

AGE
38

SEX
MALE

RACE
WHITE

EDUCATION
HIGH SCHOOL

OCCUPATION
ENGINEER

RELIGION
METHODIST

DATE OF BIRTH
OCTOBER 24, 1906

PLACE OF BIRTH
LOS ANGELES, CALIFORNIA

CAUSE OF DEATH
HEART DISEASE

DETAILS OF DEATH
HEART DISEASE

DATE OF INTERMENT
OCTOBER 24, 1944

PLACE OF INTERMENT
LOS ANGELES, CALIFORNIA

DATE OF REPORT
OCTOBER 24, 1944

REPORT MADE BY
DR. J. H. BROWN

SIGNATURE OF REPORTER
J. H. BROWN

DATE OF SIGNATURE
OCTOBER 24, 1944

PLACE OF SIGNATURE
LOS ANGELES, CALIFORNIA

DATE OF DEATH
OCTOBER 24, 1944

PLACE OF DEATH
LOS ANGELES, CALIFORNIA

AGE
38

SEX
MALE

RACE
WHITE

EDUCATION
HIGH SCHOOL

OCCUPATION
ENGINEER

RELIGION
METHODIST

DATE OF BIRTH
OCTOBER 24, 1906

PLACE OF BIRTH
LOS ANGELES, CALIFORNIA

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3681

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) SARAH BAYNE AYRES EASTER			2. DATE OF DEATH APRIL 14, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTIMORE		
c. Length of stay in Baltimore YEARS ?			D. STREET ADDRESS (If rural, give location) 2812 N. CALVERT ST		
5. SEX F	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB 22, 1869	9. AGE (In years last birthday) 84	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10B. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE (State or foreign country) VIRGINIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME RICHARD J. AYRES			14. MOTHER'S MAIDEN NAME ELIZABETH HACK DAWSON		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO. ✓	17. INFORMANT ADDRESS SISTER (MRS HARPER SHEPPARD) HANOVER PENNA. ✓		

18. **E903.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH _____

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **CEREBRAL THROMBOSIS**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **ARTERIO SCLEROSIS**
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) **TRACTION LEFT HIP**

PNEUMONIA

CERTIFICATION APPROVED BY

CHIEF OR ASST. MEDICAL EXAMINER.

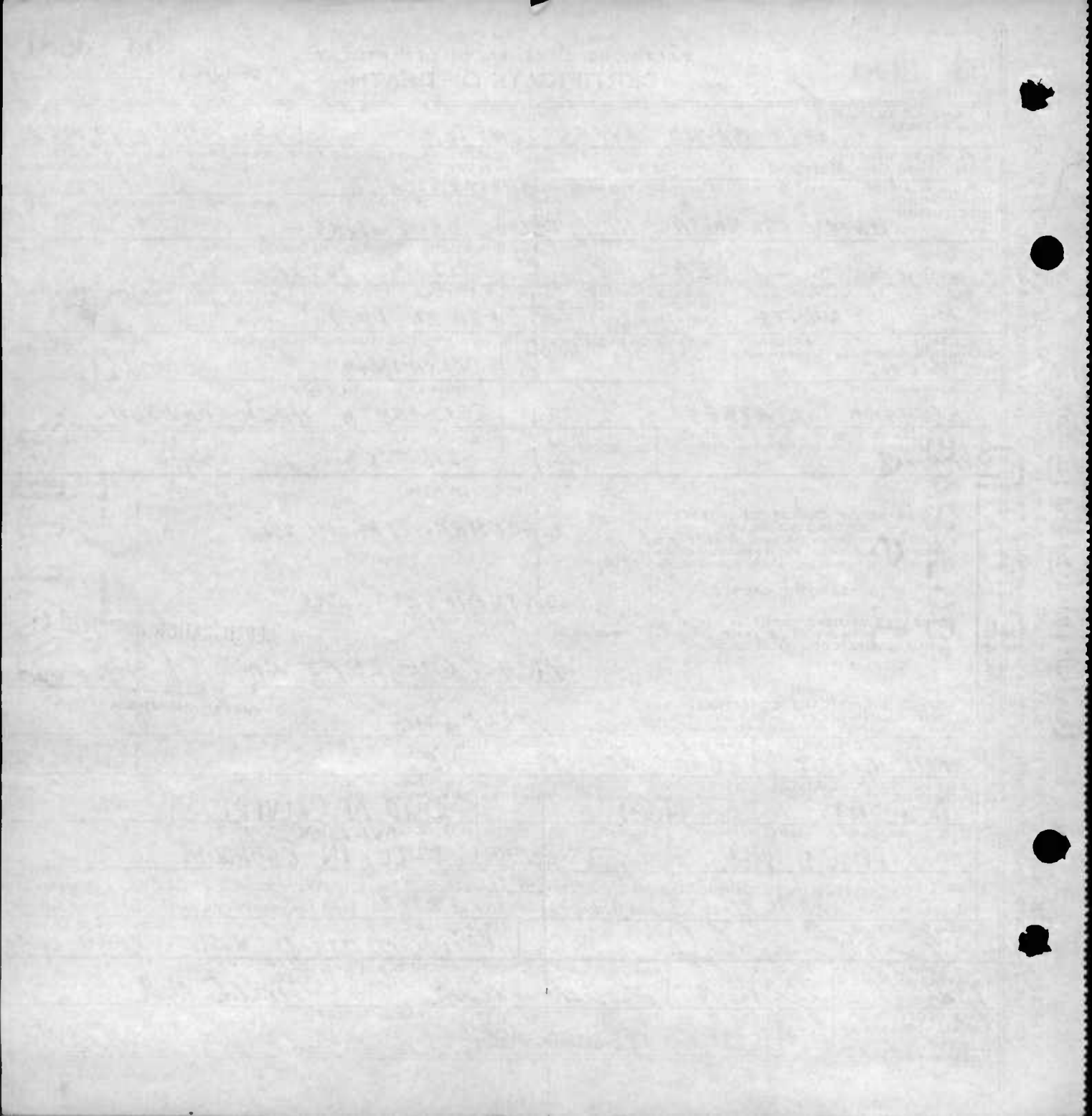
19A. DATE OF OPERATION APRIL 11, 1953		19B. MAJOR FINDINGS OF OPERATION TRACTION LEFT HIP		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) ACCIDENT	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) HOME	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 2812 N. CALVERT ST. 12/3		21F. HOW DID INJURY OCCUR? FELL IN BEDROOM	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY APRIL 11 1953	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				
22. I hereby certify that I attended the deceased from APRIL 11, 1953 , to APRIL 14, 1953 , that I last saw the deceased alive on APRIL 14, 1953 , and that death occurred at 8:32 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS UNION MEMORIAL HOSPITAL		23C. DATE SIGNED APRIL 14, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Apr. 16/53	24C. NAME OF CEMETERY OR CREMATORY London Park	24D. LOCATION (City, town, or county) (State) Baltimore Md		
DATE RECEIVED BY LOCAL REGISTRAR APR 15 1953		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR ADDRESS Henry W. Jenkins & Sons 64905 York Rd	

VS 150

N 820.0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-636

53 3682
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3682
Registered No.

1. NAME OF DECEASED (Type or Print) Wayne Corder			2. DATE OF DEATH Apr 12 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY HARFORD		
a. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BEL AIR Rural		
c. Length of stay in Baltimore 2			D. STREET ADDRESS (If rural, give location) 6200		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH July 29 1933	9. AGE (In years last birthday) 19	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM LABORER			10B. KIND OF BUSINESS OR INDUSTRY FARMING		
11. BIRTHPLACE (State or foreign country) Romanus Mich			12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT MRS. DELIA M. DAVIS BEL AIR MD			ADDRESS		
18. E8154 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Skull Fracture DUE TO Contusion of Brain DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) State Route #2 near Bel Air, Maryland	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY April 11, 1953 10:00 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Riding motorcycle which hit tree & then auto	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. ...			23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR		
23C. DATE SIGNED Apr 12 1953					
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE April 15, 1953		24C. NAME OF CEMETERY OR CREMATORY Bel Air Mem. Park	
24D. LOCATION (City, town, or county) (State) Bel Air, Maryland		25. FUNERAL DIRECTOR JOSEPH FOSTER			
DATE RECEIVED BY LOCAL REGISTRAR Apr 15 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS Bel Air, Md.	

$$\begin{array}{r}
 3 \\
 13 \overline{) 1656} \\
 \underline{13} \\
 356 \\
 13 \overline{) 356} \\
 \underline{26} \\
 96
 \end{array}$$

The first part of the book is
 devoted to the study of the

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-325

53 3683

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3683

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Charles B. Adkins			2. DATE OF DEATH 4/14/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Balto		
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18-03		
c. Length of stay in Baltimore 30 Yrs. 10			D. STREET ADDRESS (If rural, give location) 895 W. Lombard St. #1		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/28/89		9. AGE (In years last birthday) 64
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER		10B. KIND OF BUSINESS OR INDUSTRY CLAY'S BARBER SHOP	11. BIRTHPLACE (State or foreign country) N.C.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Lee D. Adkins			14. MOTHER'S MAIDEN NAME Parkes		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. M. E. Blount, 890 W. Lombard St.		

MEDICAL CERTIFICATION

18. 541.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(A) Pulmonary Embolus		DUE TO		
ANTECEDENT CAUSES		(B) Post-Op. Sub-total Gastrectomy		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO Duodenal Ulcer		
(C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION 4/9/53		19B. MAJOR FINDINGS OF OPERATION Duodenal Ulcer		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 3/30/53 , 19__, to 4/14/53 , 19__, that I last saw the deceased alive on 4/13/53 , 19__, and that death occurred at 3:10 A.M. , from the causes and on the date stated above.				
23A. SIGNATURE George H. Smith		23B. ADDRESS University Hospital		23C. DATE SIGNED 4/14/53
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 4/16/53	24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Baltimore Md.	24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 15 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc., 1217 St. Paul St.		

VS 150

3408F

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3684
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William G. Bopst

2. DATE
OF
DEATH

April 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3357 Beech Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3357 Beech Avenue

c. Length of stay in Baltimore

60 years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug. 20, 1874

9. AGE (In years last birthday)

78

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Attendant

10B. KIND OF BUSINESS OR INDUSTRY

Filling Station

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF WHAT COUNTRY?

U S A

13. FATHER'S NAME

John Henry Bopst

14. MOTHER'S MAIDEN NAME

Louisa Miss

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Samuel J. Bopst 3357 Beech Avenue

18. 450.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Broncho-pneumonia

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Gangrene of left lower Extremity

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1950 to April 14, 1953 that I last saw the deceased alive on Apr. 13, 1953, and that death occurred at 11.30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Heber Stoffman

23B. ADDRESS

846 W. 36th St.

23C. DATE SIGNED

4-14-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

April 17, 1953

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county) (State)

Baltimore Co., Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Burgee Funeral Home 3631 Falls Road

VS 150

Horace F. Burgee

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

MEMORANDUM

TO : DIRECTOR, FBI

FROM : SAC, NEW YORK

SUBJECT : [Illegible]

RE :

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

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[Illegible]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3685

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Minnie C. R. Wicks

2. DATE

OF

DEATH April 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1904 Boone Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1904 Boone Street

c. Length of stay in Baltimore

43 years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

April 18, 1870

9. AGE (in years
last birthday)

82

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Eli S. Bond

14. MOTHER'S MAIDEN NAME

Lorena J. Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Charles S. Bond 1904 Boone Street

18.

331X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.INTERVAL BETWEEN
ONSET AND DEATH2 mks
1 yr
GradualII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1926 to April 14, 1953, that I last saw the
deceased alive on 4-13, 1953 and that death occurred at 6.30A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

April 17, 1953

24C. NAME OF CEMETERY OR CREMATORY

Green Mount

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burgee Funeral Home

3631 Falls Road

Horace F. Burgee

Mr. J. J. J. J.
1403 Park Dr.
Ma. 6958

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3686**

53 3686

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARTHA C. MERZ

2. DATE
OF
DEATH

April 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2714 The Ajameda

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1105 E. Fayette St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Aug. 10, 1876

9. AGE (In years last birthday)

76

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

-- Friedel

14. MOTHER'S MAIDEN NAME

Margaret

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. Harry Dunty - 306 Ilchester Ave.

18.

592X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Chronic Nephritis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

Several months.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Generalized Arterio-sclerosis

Several years.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER- LYNING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from **June 2, 1949**, to **April 13, 1953** that I last saw the deceased alive on **Mar. 13, 1953**, and that death occurred at **9 A. M.**, from the causes and on the date stated above.

23A. SIGNATURE

Frank W. Oden

23B. ADDRESS

2701 N. Calvert St.

23C. DATE SIGNED

April 14, 53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/16/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

MARGIN RESERVED FOR BINDING

PLEASE PRINT PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY INTO STATE

DATE OF ENTRY INTO COUNTRY

DATE OF ENTRY INTO CITY

DATE OF ENTRY INTO DISTRICT

DATE OF ENTRY INTO TOWN

DATE OF ENTRY INTO VILLAGE

DATE OF ENTRY INTO COUNTRY

DATE OF ENTRY INTO CITY

DATE OF ENTRY INTO DISTRICT

DATE OF ENTRY INTO TOWN

DATE OF ENTRY INTO VILLAGE

DATE OF ENTRY INTO COUNTRY

DATE OF ENTRY INTO CITY

DATE OF ENTRY INTO DISTRICT

DATE OF ENTRY INTO TOWN

DATE OF ENTRY INTO VILLAGE

DATE OF ENTRY INTO COUNTRY

DATE OF ENTRY INTO CITY

DATE OF ENTRY INTO DISTRICT

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY INTO STATE

DATE OF ENTRY INTO COUNTRY

DATE OF ENTRY INTO CITY

DATE OF ENTRY INTO DISTRICT

DATE OF ENTRY INTO TOWN

DATE OF ENTRY INTO VILLAGE

DATE OF ENTRY INTO COUNTRY

DATE OF ENTRY INTO CITY

DATE OF ENTRY INTO DISTRICT

DATE OF ENTRY INTO TOWN

DATE OF ENTRY INTO VILLAGE

DATE OF ENTRY INTO COUNTRY

DATE OF ENTRY INTO CITY

DATE OF ENTRY INTO DISTRICT

DATE OF ENTRY INTO TOWN

DATE OF ENTRY INTO VILLAGE

DATE OF ENTRY INTO COUNTRY

DATE OF ENTRY INTO CITY

DATE OF ENTRY INTO DISTRICT

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. correct age especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED 4-20-53

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 3687

Registered No. 53 3687

BIRTH NO. 53 3687

1. NAME OF DECEASED (Type or Print) GEORGE DESPEAUX			2. DATE OF DEATH April 13, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 27-05		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3017 Oakcrest Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3017 Oakcrest Ave.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 21, 1878		9. AGE (In years last birthday) 74
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		10B. KIND OF BUSINESS OR INDUSTRY Motion Pictures	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME -- Despeaux			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 216-05-5611	17. INFORMANT ADDRESS Mr. Albert Smith - 2639 Kirk Ave.		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypostatic Pneumonia		CAUSE OF DEATH Hypostatic Pneumonia	INTERVAL BETWEEN ONSET AND DEATH 3 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary Occlusion		(A) Hypostatic Pneumonia DUE TO	
		(B) Coronary Occlusion DUE TO	
		(C) Generalized Arteriosclerosis DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>April 12</u> , 19 <u>53</u> to <u>April 13</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4/13</u> , 19 <u>53</u> , and that death occurred at <u>30</u> m., from the causes and on the date stated above.					
23A. SIGNATURE Harold E. Bogard		M. D. 1905 W. Baltimore St.		23C. DATE SIGNED 4/14/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/17/53		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.		25. FUNERAL DIRECTOR ADDRESS Wm. J. Glickner & Sons			
DATE RECEIVED BY LOCAL REGISTRAR APR 15 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

5628K

Balto 17, Md.

STATE OF MARYLAND
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Physician	
10. Signature of Registrar		11. Signature of Coroner		12. Signature of Medical Examiner	
13. Signature of Burial Officer		14. Signature of Undertaker		15. Signature of Funeral Home	
16. Signature of Cemetery		17. Signature of Burial		18. Signature of Interment	
19. Signature of Burial		20. Signature of Interment		21. Signature of Burial	
22. Signature of Interment		23. Signature of Burial		24. Signature of Interment	
25. Signature of Burial		26. Signature of Interment		27. Signature of Burial	
28. Signature of Interment		29. Signature of Burial		30. Signature of Interment	
31. Signature of Burial		32. Signature of Interment		33. Signature of Burial	
34. Signature of Interment		35. Signature of Burial		36. Signature of Interment	
37. Signature of Burial		38. Signature of Interment		39. Signature of Burial	
40. Signature of Interment		41. Signature of Burial		42. Signature of Interment	
43. Signature of Burial		44. Signature of Interment		45. Signature of Burial	
46. Signature of Interment		47. Signature of Burial		48. Signature of Interment	
49. Signature of Burial		50. Signature of Interment		51. Signature of Burial	
52. Signature of Interment		53. Signature of Burial		54. Signature of Interment	
55. Signature of Burial		56. Signature of Interment		57. Signature of Burial	
58. Signature of Interment		59. Signature of Burial		60. Signature of Interment	
61. Signature of Burial		62. Signature of Interment		63. Signature of Burial	
64. Signature of Interment		65. Signature of Burial		66. Signature of Interment	
67. Signature of Burial		68. Signature of Interment		69. Signature of Burial	
70. Signature of Interment		71. Signature of Burial		72. Signature of Interment	
73. Signature of Burial		74. Signature of Interment		75. Signature of Burial	
76. Signature of Interment		77. Signature of Burial		78. Signature of Interment	
79. Signature of Burial		80. Signature of Interment		81. Signature of Burial	
82. Signature of Interment		83. Signature of Burial		84. Signature of Interment	
85. Signature of Burial		86. Signature of Interment		87. Signature of Burial	
88. Signature of Interment		89. Signature of Burial		90. Signature of Interment	
91. Signature of Burial		92. Signature of Interment		93. Signature of Burial	
94. Signature of Interment		95. Signature of Burial		96. Signature of Interment	
97. Signature of Burial		98. Signature of Interment		99. Signature of Burial	
100. Signature of Interment		101. Signature of Burial		102. Signature of Interment	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-650 53 3688		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 3688 Registered No.	
BIRTH NO.				1. NAME OF DECEASED (Type or Print)	
LILLIAN M. FORNI				2. DATE OF DEATH April 13, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF (not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION South Baltimore General Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 1501 Spruce Street	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 1899	9. AGE (In years last birthday) 53	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) e. Milliner		10B. KIND OF BUSINESS OR INDUSTRY Millinery		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME -- Hessnär		14. MOTHER'S MAIDEN NAME -		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. 215-05-9987		17. INFORMANT ADDRESS Mr. Paul Forni - 1501 Spruce St.	
18. E812.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) MASSIVE HEMOTHORAX Multiple rib fractures and Fractures of pelvis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1500 block Pennington Avenue 14/2	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 4-2-53 8:00 P. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by auto	
22. I certify that I took charge of the remains described above, held an _____ thereon and from _____ the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE B. F. Forni		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 4-13-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/17/53		24C. NAME OF CEMETERY OR CREMATORY London Park Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.		24E. NAME OF CEMETERY OR CREMATORY London Park Cem.		24F. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 15 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS Wm. J. Pickens & Sons Balto 17, Md	
VS 151 N 808.2 64546					

St. John's, N. B.

53 3689

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3689
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LESTER WIGGINS DAY

2. DATE
OF
DEATH

Apr. 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONUS Public Health Service
Hospital
Wyman Pk. Drive & 1st StreetC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

700 W. 40th street

E. Length of stay in Baltimore ?

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widower

8. DATE OF BIRTH

11/14/71

9. AGE (In years
last birthday)

81

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Physician

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Lester Wiggins

14. MOTHER'S MAIDEN NAME

?

(Sarah Maria DeVere)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

?

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Records- US PHS Hospital, Balto, Md.

18.

578X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Gastro-intestinal hemorrhage,
uremic gastritis

Undetermined

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerosis with uremia

Undetermined

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., lu or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 16, 1953 to Apr. 14, 1953, that I last saw the
deceased alive on Apr. 14, 1953, and that death occurred at 5:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. A. Hunter, Clinical Director

M. D.

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

4/14/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/16/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Pickner & Sons
Balto 17, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE PRINT PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Especially important. Physicians: please write the causes of death clearly and legibly.

RCH

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

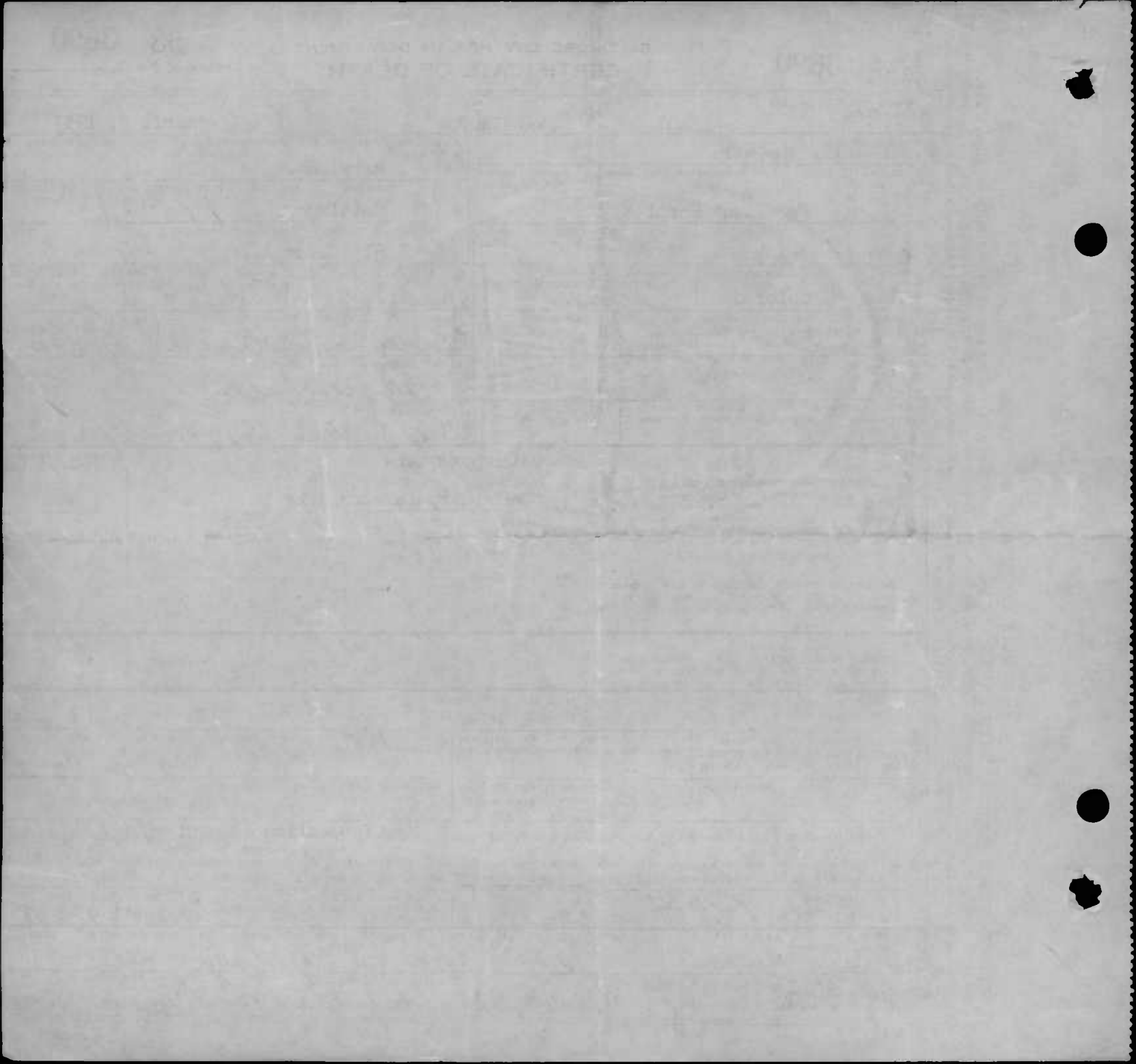
TO : DIRECTOR, FBI (100-371000)
FROM : SAC, NEW YORK (100-100000)
SUBJECT: [Illegible]
RE: [Illegible]

[Illegible text block containing several lines of information, possibly a summary or initial report.]

1. NAME OF DEATH	[Illegible]
2. DATE OF DEATH	[Illegible]
3. PLACE OF DEATH	[Illegible]
4. CAUSE OF DEATH	[Illegible]
5. MANNER OF DEATH	[Illegible]
6. NAME OF DECEASED	[Illegible]
7. DATE OF BIRTH	[Illegible]
8. PLACE OF BIRTH	[Illegible]
9. OCCUPATION	[Illegible]
10. EDUCATION	[Illegible]
11. MARITAL STATUS	[Illegible]
12. SOCIAL SECURITY NUMBER	[Illegible]
13. LAST KNOWN ADDRESS	[Illegible]
14. PRESENT ADDRESS	[Illegible]
15. TELEPHONE NUMBER	[Illegible]
16. EMPLOYER	[Illegible]
17. DATE OF DEPARTURE	[Illegible]
18. DATE OF RETURN	[Illegible]
19. NAME OF TRAVEL AGENCY	[Illegible]
20. NAME OF AIRLINE	[Illegible]
21. CLASS OF SERVICE	[Illegible]
22. FARE	[Illegible]
23. BAGGAGE	[Illegible]
24. OTHER	[Illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 3690 Registered No.	
BIRTH NO. 53 3690					
1. NAME OF DECEASED (Type or Print) LEROY WARRINGTON			2. DATE OF DEATH April 8, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-01		
D. STREET ADDRESS (If rural, give location) 815 Elder Alley					
c. Length of stay in Baltimore Years Yrs. Mos. Days					
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 8, 1919	9. AGE (In years last birthday) 33	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10B. KIND OF BUSINESS OR INDUSTRY unknown		11. BIRTHPLACE (State or foreign country) Georgetown, Delaware
12. CITIZEN OF WHAT COUNTRY? U. S. A.			13. FATHER'S NAME Charles Harrington		
14. MOTHER'S MAIDEN NAME Sadie Jolite			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT Alice Harrington-815 Elder alley		
18. 002X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH Pulmonary tuberculosis		
ANTECEDENT CAUSES			(A) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(C) DUE TO		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. UTING <input type="checkbox"/> CAUSE OF DEATH.			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			21D. TIME (Month) (Day) (Year) (Hour)		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. F. Fisher M.D.			23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR		
23C. DATE SIGNED April 9, 1953					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/15/53	24C. NAME OF CEMETERY OR CREMATORY Mt. Zion		24D. LOCATION (City, town, or county) (State) Maryland
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
APR 15 1953		Huntington Williams, M.D.		Halstead - 9, 8 - Pruid Hill	
VS 151 97099					



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 3691**BIRTH NO. **53 3691**1. NAME OF DECEASED
(Type or Print)**Grace Blake**2. DATE
OF
DEATH**April 13, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION**1392 W. North Ave.**Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE**Maryland**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1392 W. North Ave.

5. SEX

Female

6. COLOR OR RACE

Colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Married**

B. DATE OF BIRTH

Sept. 9, 19009. AGE (In years
last birthday)**52**If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of worklog life, even if retired)**Housewife**10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?**U. S. A.**

13. FATHER'S NAME

Alfred Handy

14. MOTHER'S MAIDEN NAME

Georganna Jensen15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Charles Blake 1392 W. North Ave18. **592x**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3-24**, 19**53**, to **4-13**, 19**53**, that I last saw the
deceased alive on **4-13**, 19**53**, and that death occurred at **7-45** p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial**4-16-53****Mt. Auburn Cem****Baltimore, Md.**DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS **578 W.****APR 15 1953**

VS 150

iddle St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1951

April 15, 1951

Green Hills

Harvard

Ballistics

1225 North Ave.

1225 N. North Ave.

Oct. 1, 1950

Harvard

Harvard

Department of Physics

Harvard

Dr. Charles L. Jackson

Harvard
Department of Physics
1225 North Ave.
Cambridge, Mass.

4-15-51

Harvard

April 15, 1951

Harvard

53 3692

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3692

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*George Moore Brady*2. DATE
OF
DEATH*4/14/53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*The Union Memorial Hospital*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Baltimore**12-01*

D. STREET ADDRESS (If rural, give location)

100 W University Pkwy

C. Length of stay in Baltimore

Life Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

*W*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*M*

8. DATE OF BIRTH

2/2/1882

9. AGE (In years last birthday)

*71*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Lawyer

10B. KIND OF BUSINESS OR INDUSTRY

Brady-Jones Hedrick

11. BIRTHPLACE (State or foreign country)

*Baltimore*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James H Brady

14. MOTHER'S MAIDEN NAME

*Katherine Taylor Hunter*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*(Yes, no or unknown)*16. SOCIAL
SECURITY NO.

17. INFORMANT

Margaret Brady

ADDRESS

*same*18. *602 X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Pyelonephritis

DUE TO

(C)

urterial calculus

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3/26/53 - 4/3 - 4/5

19B. MAJOR FINDINGS OF OPERATION

Veinous thrombosis - Kidney damage

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

☐

NOT WHILE

AT WORK

☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3/23/53* 19__, to *4/14/53*, 19__, that I last saw the deceased alive on *4/14/53*, 19__, and that death occurred at *11:30 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Walter W. Wenzel

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

4/14/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/16/53

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W. W. Wenzel, Sr. - 8057 Calvert St

ADDRESS

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F652 53 3693		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 3693 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		EDITH G. FRANK		APR: 13 :1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY			
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 112 North Mt. Olivet Lane		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City			
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) 945 S. Brunswick Street			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 2- 1886	9. AGE (In years last birthday) 66	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sewing Machine Operator-Butler Bros		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George Harriss		14. MOTHER'S MAIDEN NAME Anna A. Derrenberger		17. INFORMANT ADDRESS A. Winston Frank..945 S. Brunswick S	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO. ***** 215-07-6955A		18. 443X and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Cardiovascular Disease	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		20. CAUSE OF DEATH (A) Due to (B) Due to (C) Due to		INTERVAL BETWEEN ONSET AND DEATH 3-5 yrs	
II OTHER SIGNIFICANT CONITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Diabetes Mellitus		1-yr	
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1951, 19, to 4/13, 1953, that I last saw the deceased alive on 4/13, 1953, and that death occurred at 3 P. m., from the causes and on the date stated above.					
23a. SIGNATURE Edward S. Harriss M. O.		23b. ADDRESS 4300 Liberty N. W.		23c. DATE SIGNED 4/15/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr:17:53		24c. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	
24d. LOCATION (City, town, or county) Baltimore Maryland		24e. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery		24f. LOCATION (City, town, or county) Baltimore Maryland	
DATE RECEIVED BY LOCAL REGISTRAR APR 15 1953		REGISTRAR'S SIGNATURE Huntington Williams M.D.		25. FUNERAL DIRECTOR F. B. Wippert & Son	
VS 150		69068		F. B. WIPPERT & SON 1300 Eutaw Pl. 17	

4300 Liberty Hgts
St. Helens

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3694**

BIRTH NO. **3 324**

1. NAME OF DECEASED
(Type or Print)

Raleigh Hatter Mitchell

2. DATE
OF
DEATH

Apr. 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

13221 Cloverdale Rd.

B. FULL NAME OF HOSPITAL OR INSTITUTION

Provident Hosp.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 9, 1891

9. AGE (In years last birthday)

62

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Drum major

10B. KIND OF BUSINESS OR INDUSTRY

Contractors

11. BIRTHPLACE (State or foreign country)

Raleigh, N. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

Mr. Raleigh Mitchell
2606 St. Lafayette Ave.

18.

331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Vascular

DUE TO

Resident

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

2 days

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4-12*, 19*53*, to *4-14*, 19*53*, that I last saw the deceased alive on *4-14*, 19*53*, and that death occurred at *2:00* p. m., from the causes and on the date stated above.

23A. SIGNATURE

Stanford P. Bussenden

23B. ADDRESS

2309 Dundas Hill Ave

23C. DATE SIGNED

4-15-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial Apr. 18, 1953

St. Calvary

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 15 1953

Huntington Williams, Jr.

1658 Dundas Hill Ave.

VS 150

50424

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

REGISTRATION NO. 123456789

DATE OF DEATH 12/12/1998

<p>1. NAME OF DECEASED</p> <p>2. SEX</p> <p>3. AGE</p> <p>4. DATE OF BIRTH</p> <p>5. PLACE OF BIRTH</p> <p>6. OCCUPATION</p>		<p>7. MARITAL STATUS</p> <p>8. RELIGION</p> <p>9. ETHNICITY</p> <p>10. EDUCATION</p>	
<p>11. CAUSE OF DEATH</p> <p>12. MANNER OF DEATH</p>		<p>13. PLACE OF DEATH</p> <p>14. TIME OF DEATH</p>	

<p>15. SIGNATURE OF REGISTRAR</p> <p>16. SIGNATURE OF WITNESSES</p>		<p>17. SIGNATURE OF DECEASED</p> <p>18. SIGNATURE OF NEXT OF KIN</p>	
<p>19. OFFICIAL SEAL</p> <p>20. OFFICIAL STAMP</p>		<p>21. OFFICIAL STAMP</p> <p>22. OFFICIAL STAMP</p>	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3695**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Ronnie J. Fawver		2. DATE OF DEATH 4/14/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1920 Maisel St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-43	
c. Length of stay in Baltimore 30 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1920 Maisel St.	
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 12/1/1913 9. AGE (In years last birthday) 39
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Schauffeur		10B. KIND OF BUSINESS OR INDUSTRY Geo. W. Kull	
11. BIRTHPLACE (State or foreign country) Charlestown W. Va.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Oscar Fawver		14. MOTHER'S MAIDEN NAME Jennie Huff	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. -	
17. INFORMANT Mrs Victoria M. Fawver Maisel		ADDRESS 1920 St.	

18. **420.1** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
Acute Coronary Occlusion (A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **about**, 1940, to **April 14**, 1953 that I last saw the deceased alive on **3-21-1953**, and that death occurred at **5 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE **E. Highstein** M. D. 23B. ADDRESS **888 W. Lombard St** 23C. DATE SIGNED **4-15-53**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **4/18/53** 24C. NAME OF CEMETERY OR CREMATORY **Landon Park Cem.** 24D. LOCATION (City, town, or county) (State) **3801 Frederick Ave**

DATE RECEIVED BY LOCAL REGISTRAR **APR 15 1953** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **John J. Cowans & Son** ADDRESS **1201 Hollins St.**

VS 150

64363

MARGIN RESERVED FOR BINDING

PLEASE PRINT IN FULLY SUPPLIED. EVERY ITEM OF INFORMATION SHOULD BE CORRECTLY SUPPLIED. PHYSICIANS: PLEASE WRITE THE CAUSES OF DEATH CLEARLY AND LEGIBLY.

REPUBLIC OF THE PHILIPPINES

OFFICE OF THE SECRETARY OF DEFENSE

1962

1962

1962

1962

1962

1962

1962

1962

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3696
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

WADE H. RITTER

2. DATE
OF
DEATH

April 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3912 Norfolk Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY
none

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3912 Norfolk Ave.

c. Length of stay in Baltimore

lifer.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

July 7, 1879

9. AGE (In years last birthday)

73

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

salesman, tableware

10B. KIND OF BUSINESS OR INDUSTRY

retired

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

John B. Ritter

14. MOTHER'S MAIDEN NAME

Catherine Dunn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT
James Steele

ADDRESS
3912 Norfolk Ave.

18. **420.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)
DUE TO

Thrombosis Coronary

INTERVAL BETWEEN ONSET AND DEATH

48 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Apr 1, 1953** to **Apr 14, 1953** that I last saw the deceased alive on **Apr 14, 1953**, and that death occurred at **4 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE

J. C. Mendel

M. D.

23B. ADDRESS

651 N. Bentalou St.

23C. DATE SIGNED

4 - 14 - 53

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

4 - 16 - 53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

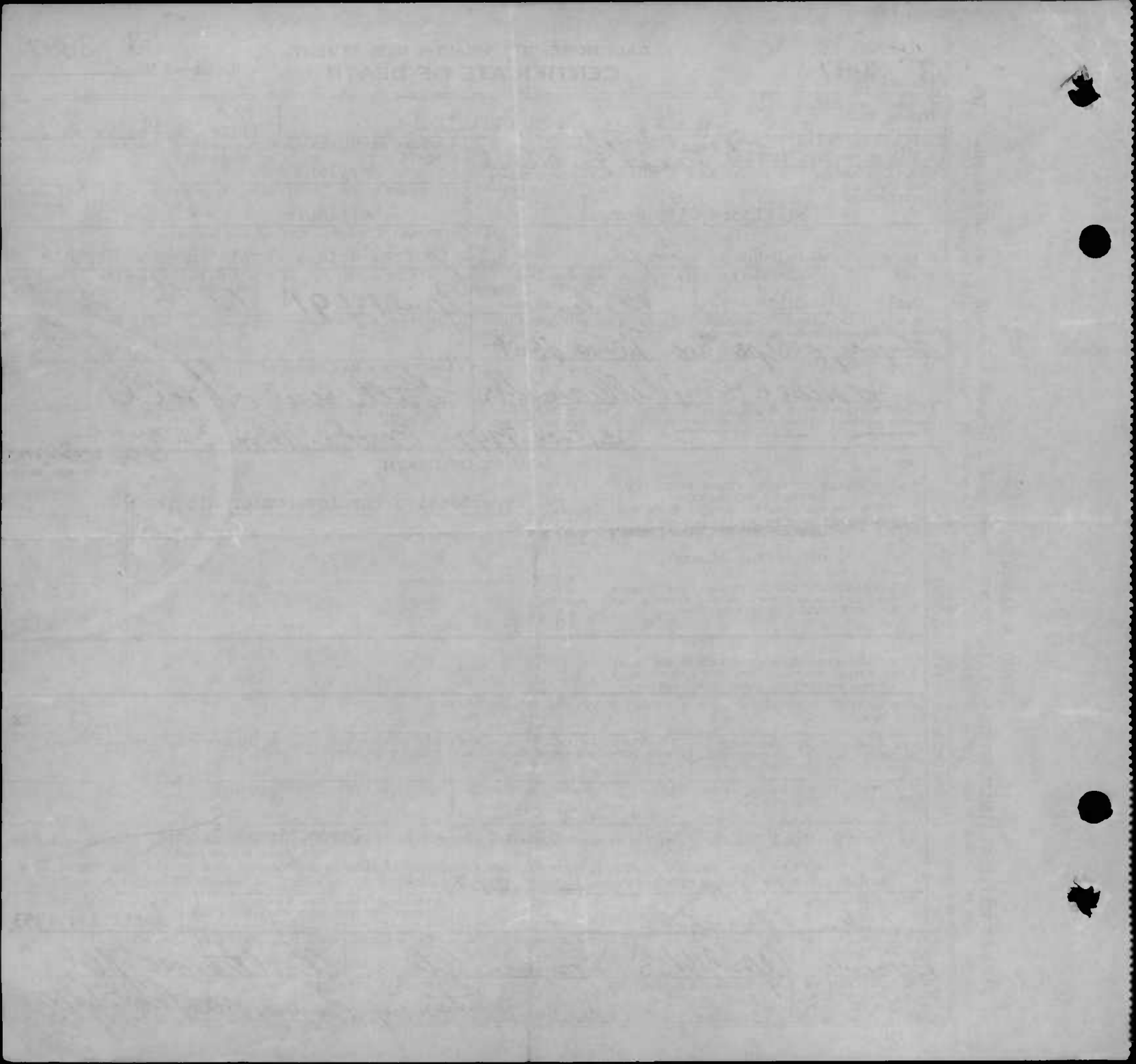
John O. Mitchell & Sons, Inc. - 1900 Eutaw Place

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 3897 Registered No.	
1. NAME OF DECEASED (Type or Print) CHARLES T. WILLIAMS				2. DATE OF DEATH April 14, 1953	
3. PLACE OF DEATH: Central Hotel A. Baltimore City, Maryland East Fayette St.				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Morgue				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Life Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) Central Hotel, Fayette & Paca Streets	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 18/91	9. AGE (In years last birthday) 61	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Typewriter Operator News Post			10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Samuel C. Williams Sr.			14. MOTHER'S MAIDEN NAME Katherine Grille		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			17. INFORMANT ADDRESS Bertha Holm 37 2nd Ave. Baltimore		
16. SOCIAL SECURITY NO. 215-09-7749					
18. 443X CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William C. Smith		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED April 14, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE April 16/53	24C. NAME OF CEMETERY OR CREMATORY London Pk	24D. LOCATION (City, town, or county) (State) Baltimore Md.		
DATE RECEIVED BY LOCAL REGISTRAR APR 15 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Forring Byers 5005 Pk Heights	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3698**

BIRTH NO. **3 3698**

1. NAME OF DECEASED (Type or Print) PAUL KRAUSE (KRAUS)			2. DATE OF DEATH Apr. 14, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) US Public Health Service Hospital Wyman Pk. Drive & 31st Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2833 Ashland Avenue		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/14/74		9. AGE (In years last birthday) 79
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Lighthouse keeper	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Antone Krause			14. MOTHER'S MAIDEN NAME Wilhelmina Janeski		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. ?	17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.		

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Congestive heart failure		INTERVAL BETWEEN ONSET AND DEATH Unknown
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic heart disease		Unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Apr. 11 , 19 53 , to Apr. 14 , 19 53 , that I last saw the deceased alive on Apr. 14 , 19 53 , and that death occurred at 1 A m., from the causes and on the date stated above.					
23A. SIGNATURE J.A. Hunter J.A. Hunter, Clinical Director		23B. ADDRESS US PHS Hospital, Balto, Md.		23C. DATE SIGNED 4/14/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 17, 53		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) (State) Belair Rd.		25. FUNERAL DIRECTOR ADDRESS Schemmich Funeral Home Inc 2601 E. Madison, Bg.			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

AGE

SEX

RACE

EDUCATION

CAUSE OF DEATH

IMMEDIATE CAUSE

INTERMEDIATE CAUSE

UNDERLYING CAUSE

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 N-425
3699

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3699

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		FRAZIER NELSON		April 13, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write R.R./L and give township) Baltimore			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1232 Sharp Street			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1/2/1908	9. AGE (In years last birthday) 45	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10B. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Manning, S.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Amos Nelson		14. MOTHER'S MAIDEN NAME Hattie Simmonds			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Amos Nelson (Son), 1232 Sharp Street	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive arteriosclerotic cardio-vascular disease ANTECEDENT CAUSES Coronary occlusion DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William H. Brown		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED April 14, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 4/15/53		24C. NAME OF CEMETERY OR CREMATORY Sumter	
24D. LOCATION (City, town, or county) (State) South Carolina		25. FUNERAL DIRECTOR ADDRESS Osacal L Brown & Son 82010 10820 Montgomery St.			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams			

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 3700

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)MR. GEORGE WARD BREWER2. DATE
OF
DEATHAPRIL 13 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE MARYLAND B. COUNTY Baltimore before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONUNION MEMORIAL HOSPITALC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
GLEN ARM 5200

D. STREET ADDRESS (If rural, give location)

SIMMS AVENUE

c. Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

WHITE7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)MARRIED

8. DATE OF BIRTH

FEB. 10 18969. AGE (In years
last birthday)57If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRYUNEMPLOYED

11. BIRTHPLACE (State or foreign country)

MARYLAND12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

WILLIAM E. BREWER

14. MOTHER'S MAIDEN NAME

CHARLOTTE GILLENFENNEY15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)no16. SOCIAL
SECURITY NO.2 2

17. INFORMANT

MRS. VIRGINIA BREWER ADDRESS SAME18. 4201

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

MYOCARDIAL INFARCTION.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

HYPERTENSIVE ARTERIOSCLERO-
TIC CARDIOVASCULAR
DISEASE

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL 10, 1953 to APRIL 13, 1953, that I last saw the
deceased alive on APRIL 13, 1953, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Bryan

23B. ADDRESS

UNION MEMORIAL HOSP

23C. DATE SIGNED

APR 13 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

4/16/53

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial

24D. LOCATION (City, town, or county)

Baltimore Md.DATE RECEIVED BY
LOCAL REGISTRAR

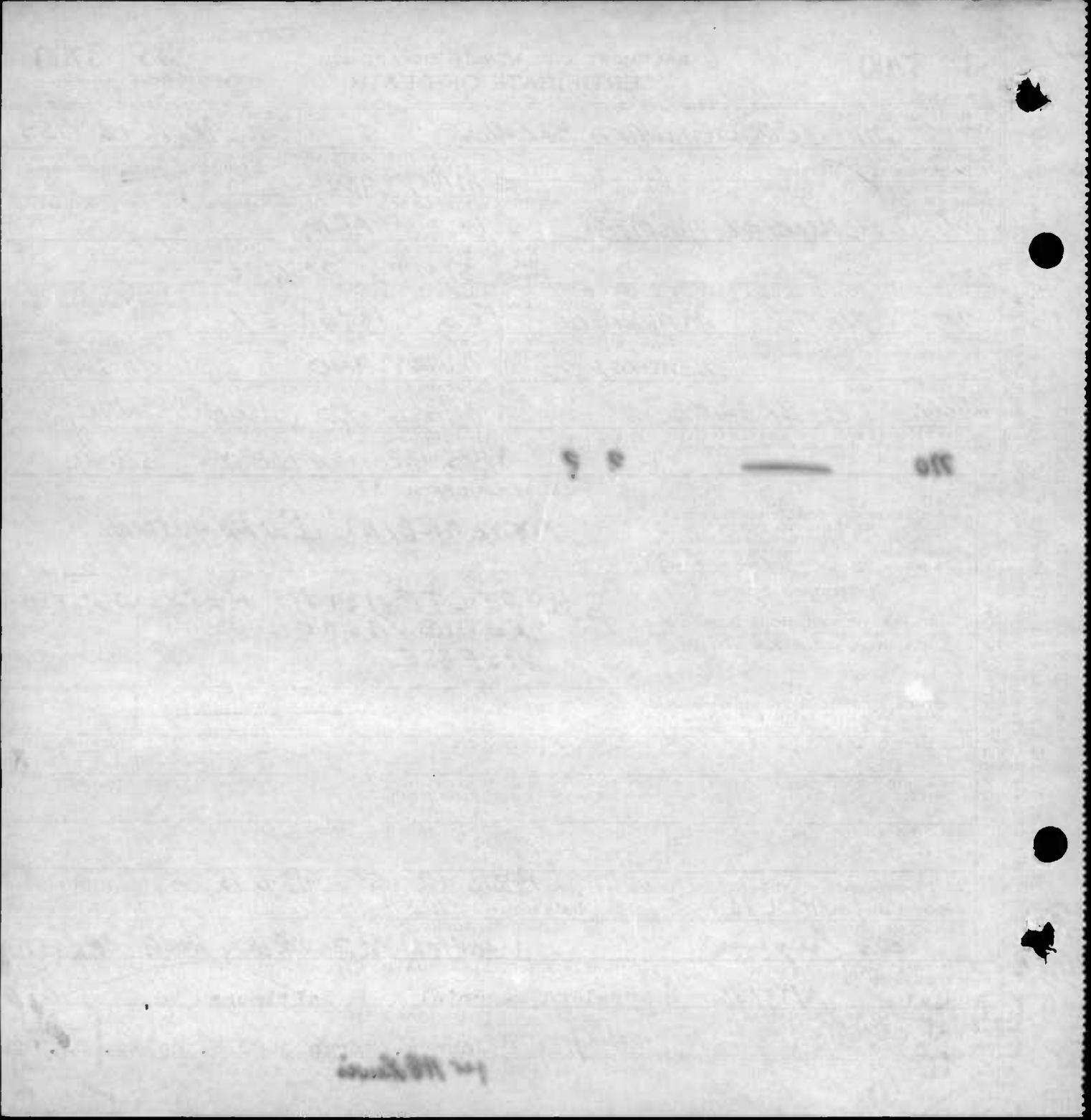
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John A. Moran 3000 E. Balto. St. 24per H.B. Lewis



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 3701**

BIRTH NO. **0-350**

1. NAME OF DECEASED (Type or Print) Mrs. Bertha Oden			2. DATE OF DEATH 4-3-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Frederick		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brunswick, Md.		
c. Length of stay in Baltimore 19 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 6030		
5. SEX F	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-2-1891		9. AGE (in years last birthday) 61
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Wm. Hammond			14. MOTHER'S MAIDEN NAME Hattie PRIGEN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. ---	17. INFORMANT ADDRESS W. F. Oden Brunswick Md.		
18. 181X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Ca. of bladder DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 3-26-53		19B. MAJOR FINDINGS OF OPERATION Ca. of bladder			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March , 19 53 to April 3 , 19 53 that I last saw the deceased alive on April 3 , 19 53 , and that death occurred at 7:30 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE P. O. Heng-Tsin			23B. ADDRESS St. James' Hospital		23C. DATE SIGNED 4-3-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-3-53	24C. NAME OF CEMETERY OR CREMATORY St. Lukes		24D. LOCATION (City, town, or county) (State) Prinny Rocks Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 15 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS C. H. Tuttle & Co Brunswick Md	

CERTIFICATE OF DEATH

DATE OF DEATH

TIME OF DEATH

AGE

SEX

RACE

PLACE OF DEATH

CAUSE OF DEATH

DIAGNOSIS

TESTS

DATE OF EXAMINATION

PLACE OF EXAMINATION

NAME OF PHYSICIAN

NAME OF WITNESSES

NAME OF BURIAL PLACE

NAME OF FUNERAL HOME

NAME OF MINISTER

FORM FOR THE DEPOSIT OF THE DEATH CERTIFICATE IN THE WRONG DISTRICT

LOCAL REGISTRAR: MAIL THIS COPY AT ONCE WITH THE DEATH CERTIFICATE TO THE LOCAL REGISTRAR OF THE DISTRICT WHERE DEATH OCCURRED.

To Baltimore City Health Dept.
Local Registrar at Baltimore, Md.

Dear Sir:

Enclosed herewith is the death certificate of Bertha Aden,
who died at Baltimore, Md., on April 3-53.
This has been deposited with me by the funeral director, C. H. Feeler + Bros.,
Brunswick, Md. (Name)
(Address), to promote war-time conservation of

automobile rubber and gasoline by eliminating a special trip. I have issued a burial-transit permit to the funeral director.

Please forward the customary copy of this certificate to the County Health Officer and forward the death certificate in the usual manner to the State Registrar of Vital Statistics in Baltimore. For this you will be allowed the customary fee.

Very truly yours

Kathryn H. Brown
Local Registrar at Brunswick, Md.

FUNERAL DIRECTOR: Make out white and pink copies of this form. Hand the white copy to the Local Registrar with the death certificate in question. Mail the pink copy *at once* to the State Registrar. The Local Registrar is entitled to a fee of fifty cents payable by you for handling the certificate and issuing a burial-transit permit.

LOCAL REGISTRAR: On receipt of a death certificate accompanied by a white copy of this form you are to issue a burial-transit permit to the funeral director. Mail the white copy of this form at once with the death certificate to the Local Registrar in the district where death occurred. The funeral director should mail the pink copy of this letter immediately to the State Registrar.

This procedure was authorized by the State Board of Health as a war emergency, September 17, 1942.

FORM FOR THE DEPOSIT OF THE DEATH CERTIFICATE IN
THE WRONG DISTRICT

1

2

1. Name of the deceased: _____

2. Age of the deceased: _____

3. Sex of the deceased: _____

4. Date of death: _____

5. Cause of death: _____

6. Signature of the informant: _____

7. Signature of the registrar: _____

8. Date of registration: _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3702

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. ANNA ISABELLE WEATHERS

2. DATE
OF
DEATH

April 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

UNION MEMORIAL HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4717 Wrenwood Ave.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

July 4, 1888

9. AGE (In years
last birthday)

64

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Michael Lynton

14. MOTHER'S MAIDEN NAME

Isabelle Stumpf

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Johanna Stumpf

Baltimore

18. 422.1 and E903.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Cardiac failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic cardiovascular disease

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) pneumonia, fracture of left hip

DUE TO

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

July, 1952

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

fell to floor at home

22. I hereby certify that I attended the deceased from Jan. 13, 1953 to April 15, 1953 that I last saw the deceased alive on April 15, 1953 and that death occurred at 12:35 A.M., from the causes and on the date stated above.

23A. SIGNATURE

James B. Brown M.D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

April 15, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Bureau

4/17/53

Holy Redeemer Cem.

Baltimore

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 15 1953

Huntington Williams, M.D.

John A. Moran

3000 E. Balt. St.

10

88

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 3703			
BIRTH NO. 53 3703 1616				2. DATE OF DEATH April 14, 1953			
1. NAME OF DECEASED (Type or Print) ADAM TORBOWSKI (TURBROWSKI)							
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore 40 years				D. STREET ADDRESS (If rural, give location) 1932 Aliceanne Avenue			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH May, 1897	9. AGE (in years last birthday) 55 years	10. Under 1 Year Months Days	11. Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Poland		
12. CITIZEN OF WHAT COUNTRY? Poland			13. FATHER'S NAME John Torbowski				
14. MOTHER'S MAIDEN NAME Maryanna Czarnecki			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes				
16. SOCIAL SECURITY NO. 216-07-6636			17. INFORMANT ADDRESS Eva Meszczenski 1627 Gough St				
18. 581.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cirrhosis of the liver DUE TO Chronic alcoholism ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
23A. SIGNATURE William C. ...				23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED April 14, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/16/53		24C. NAME OF CEMETERY OR CREMATORY Holy Rosary Cemetery		24D. LOCATION (City, town, or county) (State) German Hill Rd. Balto Co.	
DATE RECEIVED BY LOCAL REGISTRAR APR 15 1953		REGISTRAR'S SIGNATURE Twinstington Williams, M.D.		25. FUNERAL DIRECTOR May. Heber		ADDRESS 401 S. Chester	

WATER RESOURCES DIVISION

REPORT

NO. 1

WATER RESOURCES DIVISION

REPORT

NO. 1

REPORT

NO. 1

REPORT

NO. 1

REPORT

NO. 1

REPORT

NO. 1

REPORT

NO. 1

REPORT

NO. 1

REPORT

NO. 1

REPORT

NO. 1

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3704
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>John Emmett Smith</i>		2. DATE OF DEATH <i>April 15-1953</i> <i>9:30 a.m.</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Little Sisters of the Poor</i>		C. CITY OR TOWN <i>Baltimore</i> (If outside corporate limits, write RURAL and give township)	
c. Length of stay in Baltimore <i>50 yrs</i>		D. STREET ADDRESS (If rural, give location) <i>113 W. Randall</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	8. DATE OF BIRTH <i>4 November 1890</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Electrician</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>A.D.J. Co</i>	
13. FATHER'S NAME <i>Edward Smith</i>		14. MOTHER'S MAIDEN NAME <i>Rose Bratton</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>215-07-2961</i>	
17. INFORMANT <i>Little Sisters of the Poor</i>		ADDRESS _____	

18. <i>231X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <i>Cerebral Hemorrhage</i>	INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i>
ANTECEDENT CAUSES		(A) DUE TO <i>Arterio-Sclerosis</i>	<i>4 yrs</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO _____	_____
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) _____	_____

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <i>April 1-</i> , 19 <i>53</i> , to <i>April 15-</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>April 14</i> , 19 <i>53</i> , and that death occurred at <i>9:30 A.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>E. Gill Hall M.D.</i>		23B. ADDRESS <i>1631 E. North Ave</i>		23C. DATE SIGNED <i>April 15-53</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>April 18/1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Cross</i>		24D. LOCATION (City, town, or county) (State) <i>Brooklyn Me</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 15 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>St. Bernard's 14086 Hubert</i>		ADDRESS _____	

VS 150

51582

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3705**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emma K. Jolliffe

2. DATE
OF
DEATH

April 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland **5533 Gwynn Oak Ave.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5533 Gwynn Oak Ave.

B. FULL NAME OF HOSPITAL OR INSTITUTION

5533 Gwynn Oak Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

Female

white

married

Feb. 7, 1891

62

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Housewife

at home

Penna.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Henry L. Keffer

Margaret E. McClelland

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS **Ave.**
Mr. Frank V. Jolliffe - 5533 Gwynn Oak

no

no

18.

175x
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A)

Heart Failure

24 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Metastatic Melanoma

1 yr

DUE TO

(C)

Carcinoma of Ovary

7 1/2

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **April 11, 1952** to **April 14, 1952**, that I last saw the deceased alive on **April 14, 1952**, and that death occurred at **8:45** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Removal

4/18/53

East Oak Grove Cem.

Morgantown, W. Va.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams

John J. Pickner & Sons

VS 150

Balto. 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE PRINT FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

VALLEY

G-610

BALTIMORE CITY HEALTH DEPARTMENT

53 3706

Registered No.

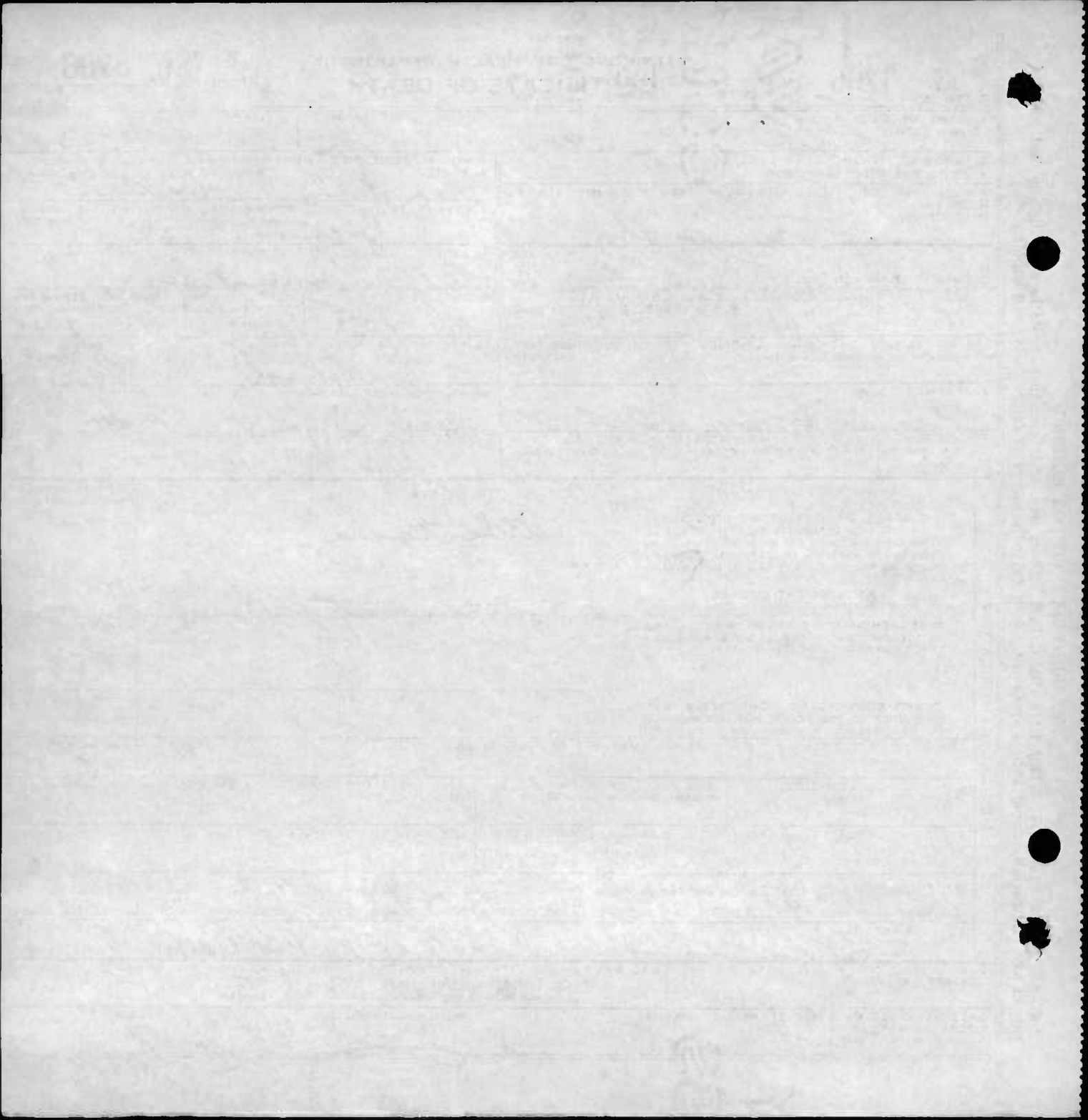
53 3706
BIRTH NO. 53-08649 CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print) <i>Baby Girl GREG</i>		2. DATE OF DEATH <i>4-13-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Johns Hopkins Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 34</i>	
c. Length of stay in Baltimore <i>3 1/2 hrs</i>		D. STREET ADDRESS (If rural, give location) <i>8717 Sunnyside Ave 5300</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>	8. DATE OF BIRTH <i>4/13/53</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months Days <i>— — 3 25</i>
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>US</i>	
13. FATHER'S NAME <i>John Henry Greb</i>		14. MOTHER'S MAIDEN NAME <i>Maria Elizabeth Greb</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>—</i>	
17. INFORMANT <i>father</i>		ADDRESS	

18. <i>762.5</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>atelectasis</i>	CAUSE OF DEATH (A) <i>atelectasis</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>prematurity</i>	(B) <i>prematurity</i> DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)	

19A. DATE OF OPERATION <i>4/13/53</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>4/13</i> , 19 <i>53</i> , to <i>4/13</i> , 19 <i>53</i> ; that I last saw the deceased alive on <i>4/13</i> , 19 <i>53</i> ; and that death occurred at <i>5:30</i> a.m., from the causes and on the date stated above.		
23A. SIGNATURE <i>E. B. Chamberlain</i>	23B. ADDRESS <i>3409 St Paul St Bk 66</i>	23C. DATE SIGNED <i>4/13/53</i>

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <i>JOHN HOPKINS MEDICAL SCHOOL</i>	24D. LOCATION (City, town, or county) (State) <i>APR 15 1953</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 15 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>	ADDRESS



F-615
53 3707BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3707
Registered No.

BIRTH NO. 53-06937

1. NAME OF DECEASED
(Type or Print)

BABY GIRL FAIRBANK

2. DATE
OF
DEATHMarch 22 2¹⁵ AM

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

27-48

b. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

Hospital for Women of Maryland

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore - 12 -

D. STREET ADDRESS (If rural, give location)

814 Dartmouth Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

March 22 1953

9. AGE (In years,
last birthday)If Under 1 Year
Months Days Hours Min.

30

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore - Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Robert M. Fairbank

14. MOTHER'S MAIDEN NAME

Ruth Mary Satterfield

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 770.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) prematurity 28 weeks

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) hydrops neonatorum

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) acute hydropsion

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-22 - 1⁴⁵ AM, 1953, to 3-22 - 2¹⁵, 1953, that I last saw the deceased alive on 3-22, 1953, and that death occurred at 3-22 - 2¹⁵ AM, from the causes and on the date stated above.

23A. SIGNATURE

Frederick M. Zerny M.D. - 88, Indg. M. D.

23B. ADDRESS

Baltimore 17 - Women's Hosp.

23C. DATE SIGNED

3-22-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL APR 15 1953

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3708**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) **LUTHER REEDER**

2. DATE OF DEATH **Apr 15 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland** B. COUNTY **Baltimore City**

B. FULL NAME OF HOSPITAL OR INSTITUTION **Mercy Hosp**

C. CITY OR TOWN **Baltimore** (If outside corporate limits, write RURAL and give township)

C. Length of stay in Baltimore **years**

D. STREET ADDRESS (If rural, give location) **3327 E. Fairmount Ave**

5. SEX **M**

6. COLOR OR RACE **White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Widower**

8. DATE OF BIRTH **7/7/97**

9. AGE (In years last birthday) **55 yrs**

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY **Machine Works**

11. BIRTHPLACE (State or foreign country) **Hagerstown Md**

12. CITIZEN OF WHAT COUNTRY? **USA**

13. FATHER'S NAME **William Reeder**

14. MOTHER'S MAIDEN NAME **Alice Smith**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **?**

16. SOCIAL SECURITY NO. **?**

17. INFORMANT **Patent**

ADDRESS **✓**

18. **410X**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **Apr 12 1953**

19B. MAJOR FINDINGS OR OPERATION **for severe R.V. & up to 4 days**

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Exploratory lap.**

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) **No abdominal pathology**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Apr 13, 1953**, to **Apr 15, 1953**, that I last saw the deceased alive on **Apr 15, 1953**, and that death occurred at **5:25 pm.**, from the causes and on the date stated above.

23A. SIGNATURE **Leonard G. Chambers, D.**

23B. ADDRESS **Mercy Hosp**

23C. DATE SIGNED **Apr 15 1953**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24B. DATE **4/18/53**

24C. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery**

24D. LOCATION (City, town, or county) (State) **Chamber Maryland**

DATE RECEIVED BY LOCAL REGISTRAR **APR 18 1953**

REGISTRAR'S SIGNATURE **Huntington Williams, M.D.**

25. FUNERAL DIRECTOR **D. P. Kartzler & Sons**

ADDRESS

VS 150

69036 New Windsor, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

3708 53

[Faint, mostly illegible text and lines on a death certificate form. The form includes sections for personal information, cause of death, and certification. The text is mirrored and difficult to read.]

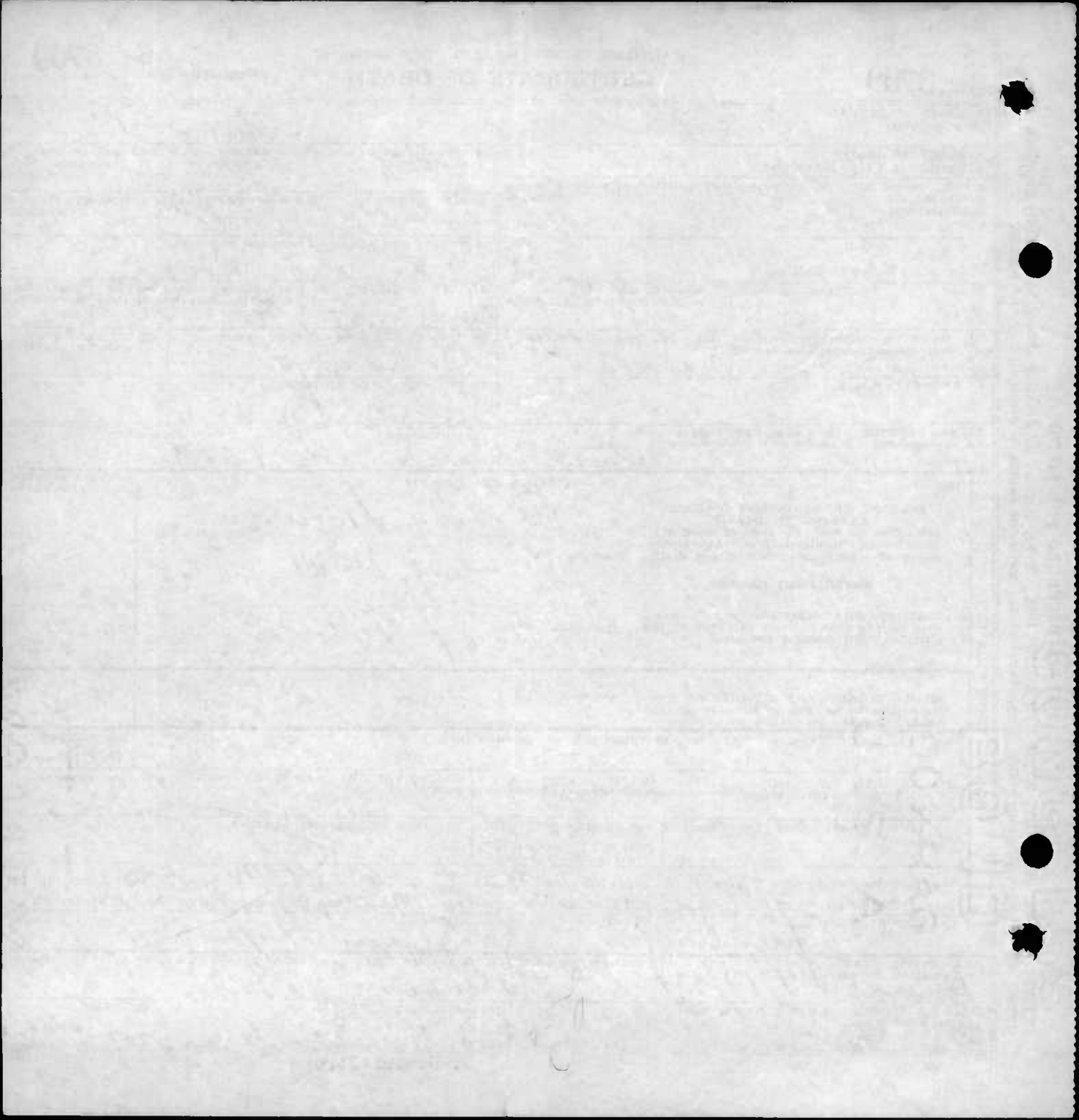
OHREN

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. 53 3709

 BIRTH NO. 3709

1. NAME OF DECEASED (Type or Print) <i>Joseph Ohren</i>			2. DATE OF DEATH <i>4-14-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Sever</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sever Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Md.</i>		
c. Length of stay in Baltimore <i>6</i> Yrs. <i>0</i> Mos. <i>0</i> Days			D. STREET ADDRESS (If rural, give location) <i>6156 Parkway Drive</i>		
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M.</i>	8. DATE OF BIRTH <i>March 19-1871</i>	9. AGE (In years last birthday) <i>82</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Stationary Engineer</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Wahne Co.</i>		11. BIRTHPLACE (State or foreign country) <i>Germany</i>
13. FATHER'S NAME			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO. <i>136-09-8513</i>		
17. INFORMANT <i>Henrietta A. Ohren</i>			ADDRESS <i>6156 Parkway Drive</i>		
18. <i>420.0 and 181x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH (A) <i>Cardiac Failure -</i> DUE TO <i>Coronary H. Disease</i> (B) <i>Ca of Blood</i> (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>4-17-53</i>			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>4-9</i> , 1953, to <i>4-14</i> , 1953, that I last saw the deceased alive on <i>4-14</i> , 1953, and that death occurred at <i>2:30 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Thurles</i>			23B. ADDRESS <i>Sever Hosp.</i>		23C. DATE SIGNED <i>4-14-53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			24B. DATE <i>4/17/53</i>		
24C. NAME OF CEMETERY OR CREMATORY <i>St. Matthews</i>			24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>4/16/53</i>			REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		
25. FUNERAL DIRECTOR <i>G. Howard Strong</i>			ADDRESS <i>2207 North</i>		



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3710

53 3710

1. NAME OF DECEASED (Type or Print) ALFRED TORTOLANI			2. DATE OF DEATH 4/13/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland ALFONSO			4. USUAL RESIDENCE (Where deceased lived if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Church Home & Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spawne Point Baltimore		
c. Length of stay in Baltimore 35			D. STREET ADDRESS (If rural, give location) 7 Dogwood Rd. Box 304		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Oct. 25, 1881	9. AGE (In years last birthday) 72	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Diamond Cutter			10b. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME Fred Tortolani			14. MOTHER'S MAIDEN NAME Carmalita Amicuna		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -			16. SOCIAL SECURITY NO. -		
17. INFORMANT Church Home & Hospital			ADDRESS		

18. 022X	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Rupture of Aorta Aneurysm 18 hr.	
ANTECEDENT CAUSES	(B) Aneurysm of Aorta	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerotic Heart Disease		
---	--	--

19A. DATE OF OPERATION 4/12/53	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4/12**, 19**53**, to **4/13**, 19**53**, that I last saw the deceased alive on **4/12**, 19**53**, and that death occurred at **2:25** p. m., from the causes and on the date stated above.

23A. SIGNATURE David F. Dawson	23B. ADDRESS Church Home & Hospital	23C. DATE SIGNED 4/13/53
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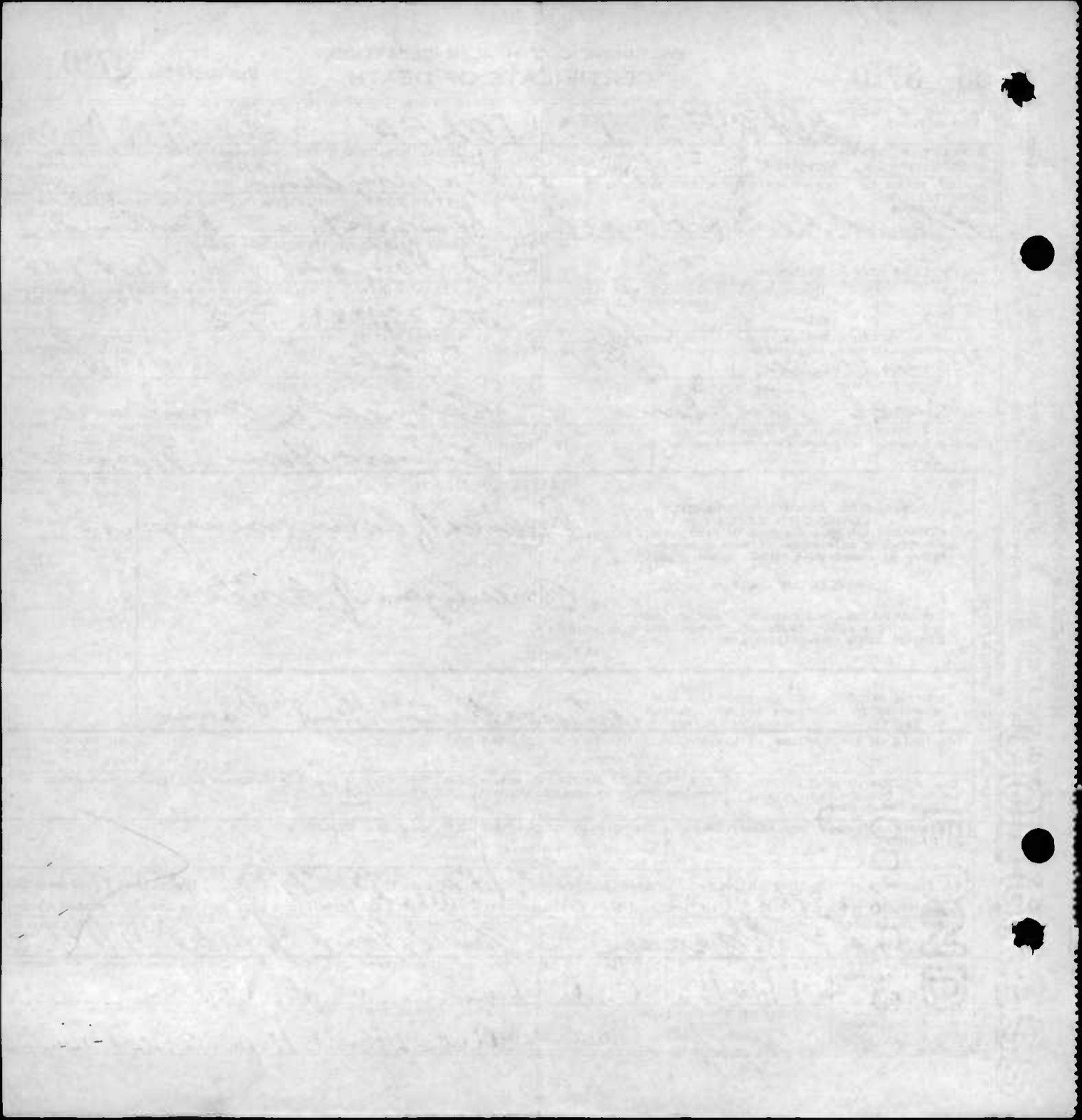
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/16/53	24C. NAME OF CEMETERY OR CREMATORY Oak Lawn	24D. LOCATION (City, town, or county) (State) Balto Co
DATE RECEIVED BY LOCAL REGISTRAR APR 16	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR McAllister	ADDRESS Church Home & Hospital

53432

PLEASE PRINT FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

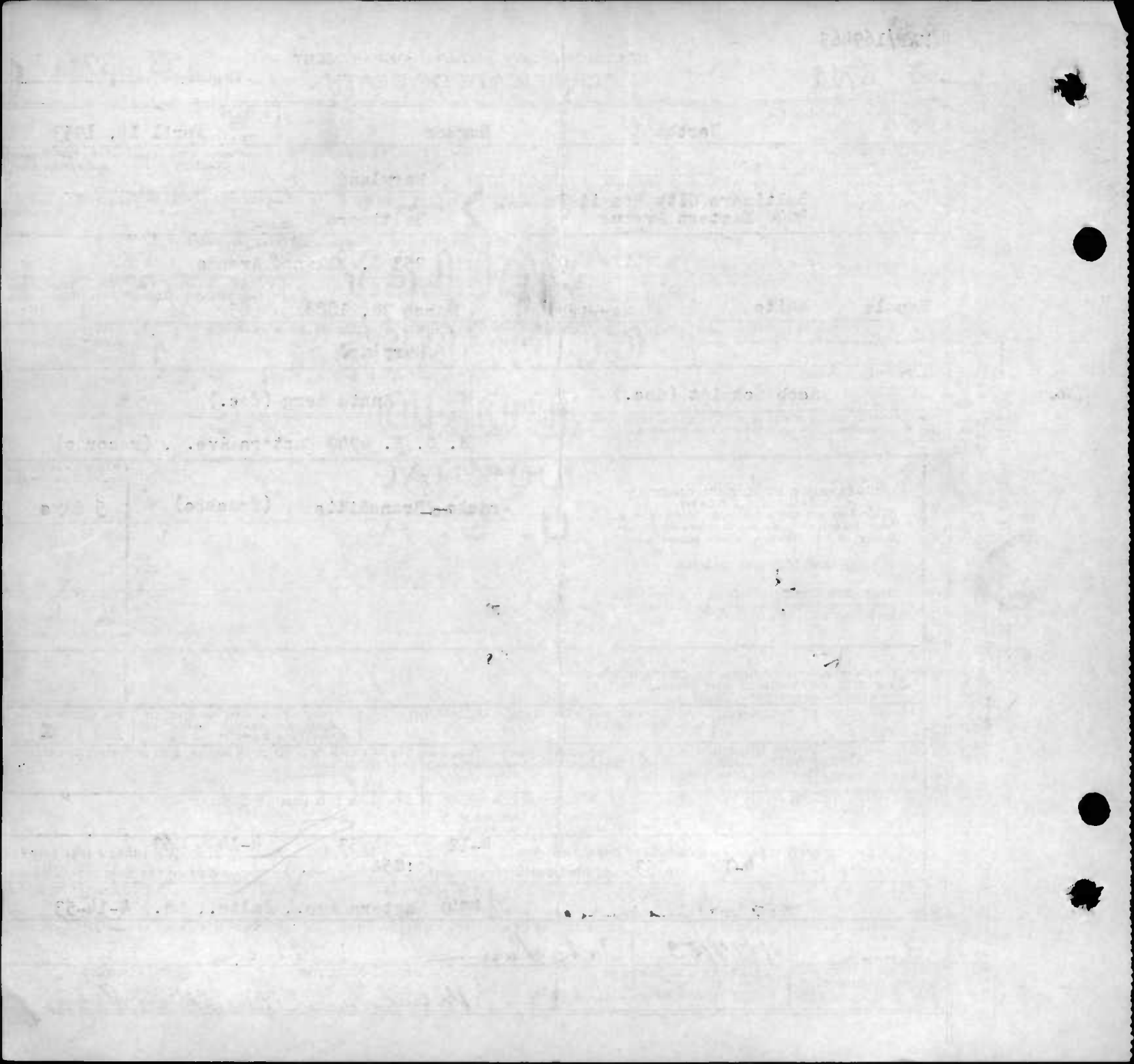
MARGIN RESERVED FOR BINDING



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT		Registered No.	
53 3711		CERTIFICATE OF DEATH		53 3711	
1. NAME OF DECEASED (Type or Print)		Bertha Hughes		2. DATE OF DEATH April 14, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (if outside corporate limits, write RURAL and give township)		D. STREET ADDRESS (If rural, give location) 253 S. Ellwood Avenue	
31 c. Length of stay in Baltimore		Life		Yrs. Mos. Days	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 30, 1888	9. AGE (In years, last birthday) 65	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Jacob Schmidt (dec.)		14. MOTHER'S MAIDEN NAME Annie Berg (dec.)		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS B. C. H. 4940 Eastern Ave. . (records)	
18. 501X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Tracheo-Bronchitis (Tracheo)		INTERVAL BETWEEN ONSET AND DEATH 5 days	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO		(B) DUE TO	
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-12 1953, to 4-14 1953, that I last saw the deceased alive on 4-14 1953, and that death occurred at 6:05A m., from the causes and on the date stated above.					
23A. SIGNATURE H. J. Williams		23B. ADDRESS 4940 Eastern Ave., Balto., Md.		23C. DATE SIGNED 4-14-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/17/53		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn	
24D. LOCATION (City, town, or county) Balto		24E. FUNERAL DIRECTOR William J. Williams		24F. ADDRESS 2008 Calver	
DATE RECEIVED BY LOCAL REGISTRAR APR 16 1953		REGISTRAR'S SIGNATURE William J. Williams		25. FUNERAL DIRECTOR ADDRESS	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 3712**

 BIRTH NO. **53 3712**

1. NAME OF DECEASED (Type or Print) <i>Isabelle Gibson Myersinger Ring</i>			2. DATE OF DEATH <i>April 15, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>2409 W North Ave</i>			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore City</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>at home</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>2409 W North Ave</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Jan 29, 1876</i>	9. AGE (In years last birthday) <i>77</i>	10. AGE (In years last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>First Baltimore School for Deaf & Blind</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>William Myersinger</i>			14. MOTHER'S MAIDEN NAME <i>Mary Crawford</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>216-03-3444</i>	17. INFORMANT <i>Howard J. Ring (son)</i>		
18. <i>592X</i>		CAUSE OF DEATH		ADDRESS <i>2409 W North Ave</i>	

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

 (A) *Cerebral Hemorrhage*
DUE TO

 INTERVAL BETWEEN ONSET AND DEATH
4-14-53

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

 (B) *Chr. Myocarditis*
DUE TO

1943

 (C) *Chr. Infectious nephritis*
DUE TO

1943

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

 19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☐ NO ☐

 21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

 21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Apr 11*, 19*53* to *Apr 15*, 19*53* that I last saw the deceased alive on *Apr 15*, 19*53* and that death occurred at *12:40* p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

015

STATE OF CALIFORNIA
COUNTY OF LOS ANGELES



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3713**

53 3713

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Reuther Juelz

2. DATE
OF
DEATH

April 5/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

36 yrs
Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1500 Clonington Rd

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

4 days

ANTECEDENT CAUSES

DUE TO

Hypertensive and arteriosclerotic cardio-vascular disease.

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *11 April, 1953* to *15 April, 1953*, that I last saw the deceased alive on *14 April, 1953*, and that death occurred at *12:00 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 16 1953

Huntington Williams

Stewart Morris

108 W North

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. correct age especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Race		4. Date of Birth		5. Date of Death	
6. Usual Residence		7. Place of Birth		8. Cause of Death		9. Manner of Death		10. Signature of Physician	
11. Signature of Registrar		12. Signature of Coroner		13. Signature of Medical Examiner		14. Signature of Health Officer		15. Signature of Burial Officer	
16. Signature of Undertaker		17. Signature of Funeral Home		18. Signature of Cemetery		19. Signature of Burial Place		20. Signature of Burial Officer	
21. Signature of Burial Officer		22. Signature of Burial Officer		23. Signature of Burial Officer		24. Signature of Burial Officer		25. Signature of Burial Officer	
26. Signature of Burial Officer		27. Signature of Burial Officer		28. Signature of Burial Officer		29. Signature of Burial Officer		30. Signature of Burial Officer	
31. Signature of Burial Officer		32. Signature of Burial Officer		33. Signature of Burial Officer		34. Signature of Burial Officer		35. Signature of Burial Officer	
36. Signature of Burial Officer		37. Signature of Burial Officer		38. Signature of Burial Officer		39. Signature of Burial Officer		40. Signature of Burial Officer	
41. Signature of Burial Officer		42. Signature of Burial Officer		43. Signature of Burial Officer		44. Signature of Burial Officer		45. Signature of Burial Officer	
46. Signature of Burial Officer		47. Signature of Burial Officer		48. Signature of Burial Officer		49. Signature of Burial Officer		50. Signature of Burial Officer	
51. Signature of Burial Officer		52. Signature of Burial Officer		53. Signature of Burial Officer		54. Signature of Burial Officer		55. Signature of Burial Officer	
56. Signature of Burial Officer		57. Signature of Burial Officer		58. Signature of Burial Officer		59. Signature of Burial Officer		60. Signature of Burial Officer	
61. Signature of Burial Officer		62. Signature of Burial Officer		63. Signature of Burial Officer		64. Signature of Burial Officer		65. Signature of Burial Officer	
66. Signature of Burial Officer		67. Signature of Burial Officer		68. Signature of Burial Officer		69. Signature of Burial Officer		70. Signature of Burial Officer	
71. Signature of Burial Officer		72. Signature of Burial Officer		73. Signature of Burial Officer		74. Signature of Burial Officer		75. Signature of Burial Officer	
76. Signature of Burial Officer		77. Signature of Burial Officer		78. Signature of Burial Officer		79. Signature of Burial Officer		80. Signature of Burial Officer	
81. Signature of Burial Officer		82. Signature of Burial Officer		83. Signature of Burial Officer		84. Signature of Burial Officer		85. Signature of Burial Officer	
86. Signature of Burial Officer		87. Signature of Burial Officer		88. Signature of Burial Officer		89. Signature of Burial Officer		90. Signature of Burial Officer	
91. Signature of Burial Officer		92. Signature of Burial Officer		93. Signature of Burial Officer		94. Signature of Burial Officer		95. Signature of Burial Officer	
96. Signature of Burial Officer		97. Signature of Burial Officer		98. Signature of Burial Officer		99. Signature of Burial Officer		100. Signature of Burial Officer	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3714
Registered No.

BIRTH NO. 53-08638

1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
Ruley, Melvin Francis, Jr.			April 14, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 5524 Belair Road		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 7, 1953		9. AGE (In years last birthday) 7
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Melvin Francis Ruley, Sr.			14. MOTHER'S MAIDEN NAME Elizabeth Randolph Sporrer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. 754.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) Congestive heart failure DUE TO		
ANTECEDENT CAUSES	(B) Congenital heart disease DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Multiple congenital malformations		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 14, 1953, to April 14, 1953 that I last saw the deceased alive on April 14, 1953, and that death occurred at 3:20 pm., from the causes and on the date stated above.					
23A. SIGNATURE Joseph A. Tynell, Jr., M.D.		23B. ADDRESS 1400 N. Caroline Street		23C. DATE SIGNED April 14, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-16-53		24C. NAME OF CEMETERY OR CREMATORY Baltimore City	
24D. LOCATION (City, town, or county) Baltimore		24E. NAME OF CEMETERY OR CREMATORY Baltimore City		24F. LOCATION (City, town, or county) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR 16-53		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Hendricks & Son	
VS 150		Hendricks & Son			

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3716**

BIRTH NO. **3716**

1. NAME OF DECEASED (Type or Print) Ann G. Wilson			2. DATE OF DEATH April 15th., 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 9-09		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Harford Convalescent Home 4700 Harford Rd.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life Yrs. Life Mos. Life Days Life			D. STREET ADDRESS (If rural, give location) 1802 N. Caroline Street		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2-18-1876	9. AGE (In years last birthday) 77	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Michael Murray			14. MOTHER'S MAIDEN NAME Winifred Nash		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Miss. Doris A. Wilson-57 The Alameda		

<p>18. 470.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p align="center">ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p align="center">CAUSE OF DEATH</p> <p>(A) Cerebral hemorrhage DUE TO</p> <p>(B) Hypertensive arteriosclerotic heart disease DUE TO</p> <p>(C) heart disease</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p>7 mon</p> <p>3 years</p>

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 31 Oct 1950 to 15 Apr 1953 , that I last saw the deceased alive on 14 Apr 1953 , and that death occurred at 3:00 A m. , from the causes and on the date stated above.				
23A. SIGNATURE John D. Barnaby M. D.		23B. ADDRESS 1531 E North Ave		23C. DATE SIGNED 16 Apr 53

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4-17-1953	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery	24D. LOCATION (City, town, or county) (State) Edmondson Ave, Balto: Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 16 1953		REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR ADDRESS George J. Ruth, Inc., -1735 Harford Avenue George J. Ruth Inc AGRO

VS 150

MARGIN RESERVED FOR BINDING

PLEASE PRINT FULLY, WITH UNFADING INK. Every item of information should be fully supplied. correct age especially important. Physicians: please write the causes of death clearly and legibly.

216

STATE OF TEXAS
OFFICE OF THE ATTORNEY GENERAL

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3717

BIRTH NO. 53 3717

1. NAME OF DECEASED (Type or Print) BERNARD V. KELLY (Bernard V. Kelly)			2. DATE OF DEATH 4/14/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 805 Lake Drive		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2/2/1889	9. AGE (in years last birthday) 64	10. Under 1 Year Months: 9 Days: 8
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician			10B. KIND OF BUSINESS OR OCCUPATION Physician (practice)		
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Patrick Kelly			14. MOTHER'S MAIDEN NAME Mary Ann McClain		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) None			16. SOCIAL SECURITY NO. None		
17. INFORMANT Miss. Margaret F. Kelly			ADDRESS 100 N. Linwood Ave.		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) myocardial infarction DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **4/14/53**, 19**53**, to **4/14/53**, 19**53**, that I last saw the deceased alive on **4/14/53**, 19**53**, and that death occurred at **3:05 P.** m., from the causes and on the date stated above.

23A. SIGNATURE Dr. M. D. [Signature]		23B. ADDRESS University Hospital		23C. DATE SIGNED 4/14/53	
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4-17-53	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery	24D. LOCATION (City, town, or county) (State) Edmondson Ave. Balto: Md.
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DATE RECEIVED BY LOCAL REGISTRAR APR 18 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR George J. Ruth, Inc.	ADDRESS 1735 Harford Avenue
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VS 150

07585

#820

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
CERTIFICATE OF DEATH

DECEASED

NAME

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Age at Death

Sex

Occupation

Marital Status

Signature

Witness

Physician

Coroner

Registrar

Notary

Other

Signature

Witness

Physician

Coroner

Registrar

Notary

Other

Signature

Witness

Physician

Coroner

Registrar

Notary

Other

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3718

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alfred Payne

2. DATE
OF
DEATH

4/15/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore
Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1835 S. Charles Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

5/23/1938

9. AGE (In years
last birthday)

14

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Student

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Raymond Payne

14. MOTHER'S MAIDEN NAME

Frances O. MORGAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS FRANCES PAYNE 1835 S. CHARLES ST.

18.

053.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

hours.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-14-1953 to 4-15-1953 that I last saw the
deceased alive on 4-15-1953 and that death occurred at 11:10 a.m., from the causes and on the date stated above.

23A. SIGNATURE

W. McGowan

23B. ADDRESS

M. D.

South Baltimore Genl Hosp.

23C. DATE SIGNED

4-15-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

4/18/53

24C. NAME OF CEMETERY OR CREMATORY

WINDY HILL CEM.

24D. LOCATION (City, town, or county)

WINDY HILL, MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

APR 16 1953

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

JOHN F. DENNY, INC

ADDRESS

715 LIGHT ST.
BALTO, 30, MD.

0278

50

STANDARD FORM NO. 64

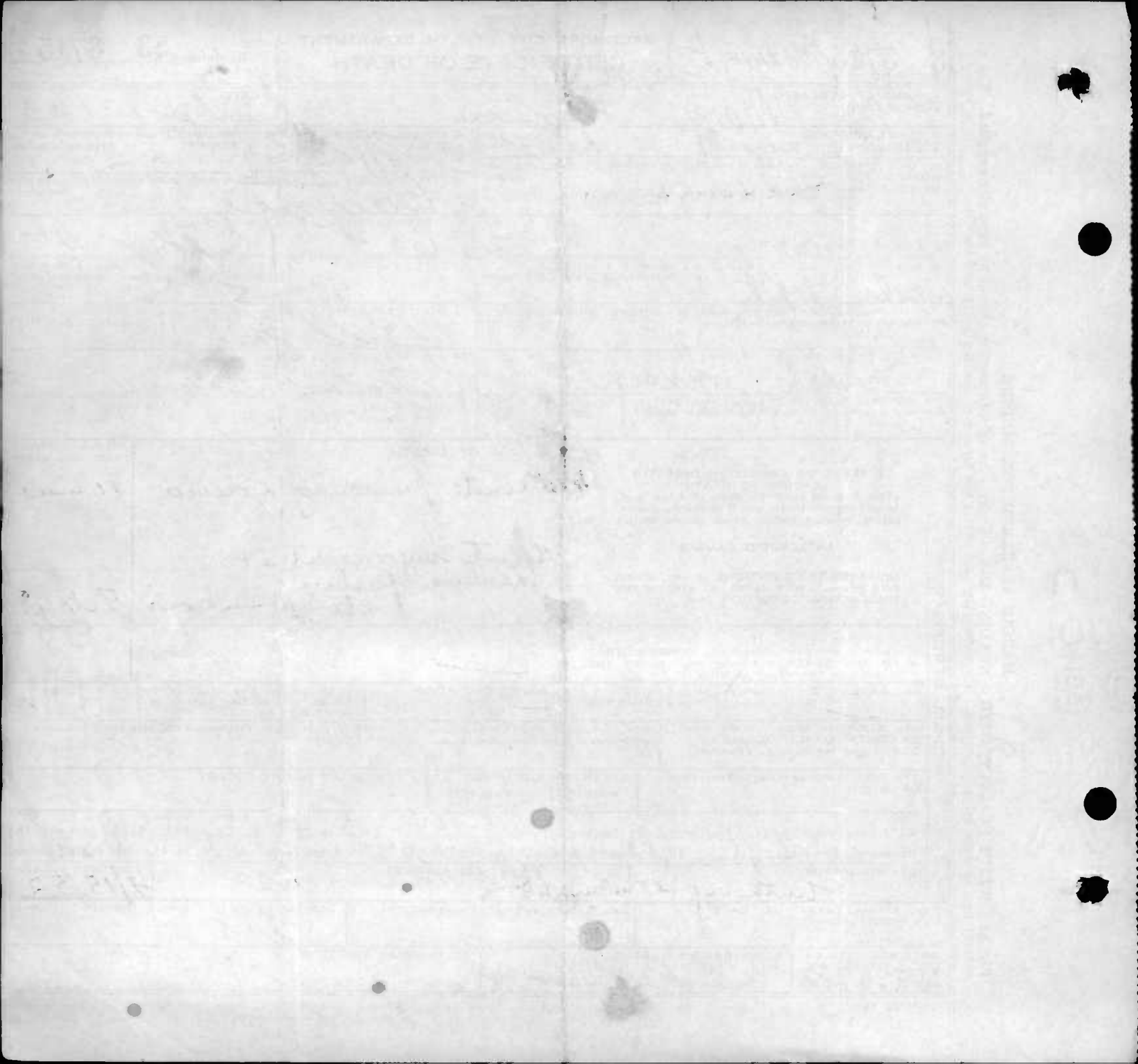
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J-525 53 3715 (MAXINE B.) BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 3715	
1. NAME OF DECEASED (Type or Print) Mary Johnson			2. DATE OF DEATH Apr-15-1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md. b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			c. CITY OR TOWN (If outside corporate limits, write C.R.A. and give township) Baltimore 11-03		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 603 N. Eustaw St		
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 48 5 16	9. AGE (In years last birthday)	10. Under 1 Year Months: Days Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Balt. Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joseph Johnson			14. MOTHER'S MAIDEN NAME Beatrice Flynn		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT JOHNS HOPKINS HOSPITAL
18. 431X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO			CAUSE OF DEATH Acute pulmonary edema		INTERVAL BETWEEN ONSET AND DEATH 10 mins.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO			(B) Acute myocarditis + cardiac failure etiology unknown		5 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION 0		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-14, 1953, to 4-15, 1953, that I last saw the deceased alive on 4-15, 1953, and that death occurred at 10:25 a.m., from the causes and on the date stated above.					
23a. SIGNATURE Anthony Bertram			23b. ADDRESS JOHNS HOPKINS HOSPITAL		23c. DATE SIGNED 4/15/53
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 4-17-53		24c. NAME OF CEMETERY OR CREMATORY Greenwood & Sons	
24d. LOCATION (City, town, or county) (State)		24e. NAME OF CEMETERY OR CREMATORY R. R. Co.		24f. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR APR 16 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Greenwood & Sons	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 3719	
BIRTH NO. 53 3719		1. NAME OF DECEASED (Type or Print) Clarence Robinson		2. DATE OF DEATH April 15, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland Med. Isl 6		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1028 Brentwood Ave.			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 11-31-1885	9. AGE (In years last birthday) 67	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Tailor		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Easton, Maryland	
13. FATHER'S NAME George Robinson		14. MOTHER'S MAIDEN NAME Sarah Burrows		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 213-28-6777		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	
18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Generalized Arterio-sclerosis DUE TO		INTERVAL BETWEEN ONSET AND DEATH years	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 7		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-15 , 19 53 , to 4-15 , 19 53 , that I last saw the deceased alive on 4-15 , 19 53 , and that death occurred at 5:45 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE David J. Burrows		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/17/53		24C. NAME OF CEMETERY OR CREMATORY Springhill Cemetery	
24D. LOCATION (City, town, or county) (State) Easton, Maryland		DATE RECEIVED BY LOCAL REGISTRAR APR 16 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Wm. Cook, Inc.		ADDRESS 1217 St. Paul St.			

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RECEIVED BY THE NATIONAL ARCHIVES

OFFICE OF THE SECRETARY OF THE ARMY

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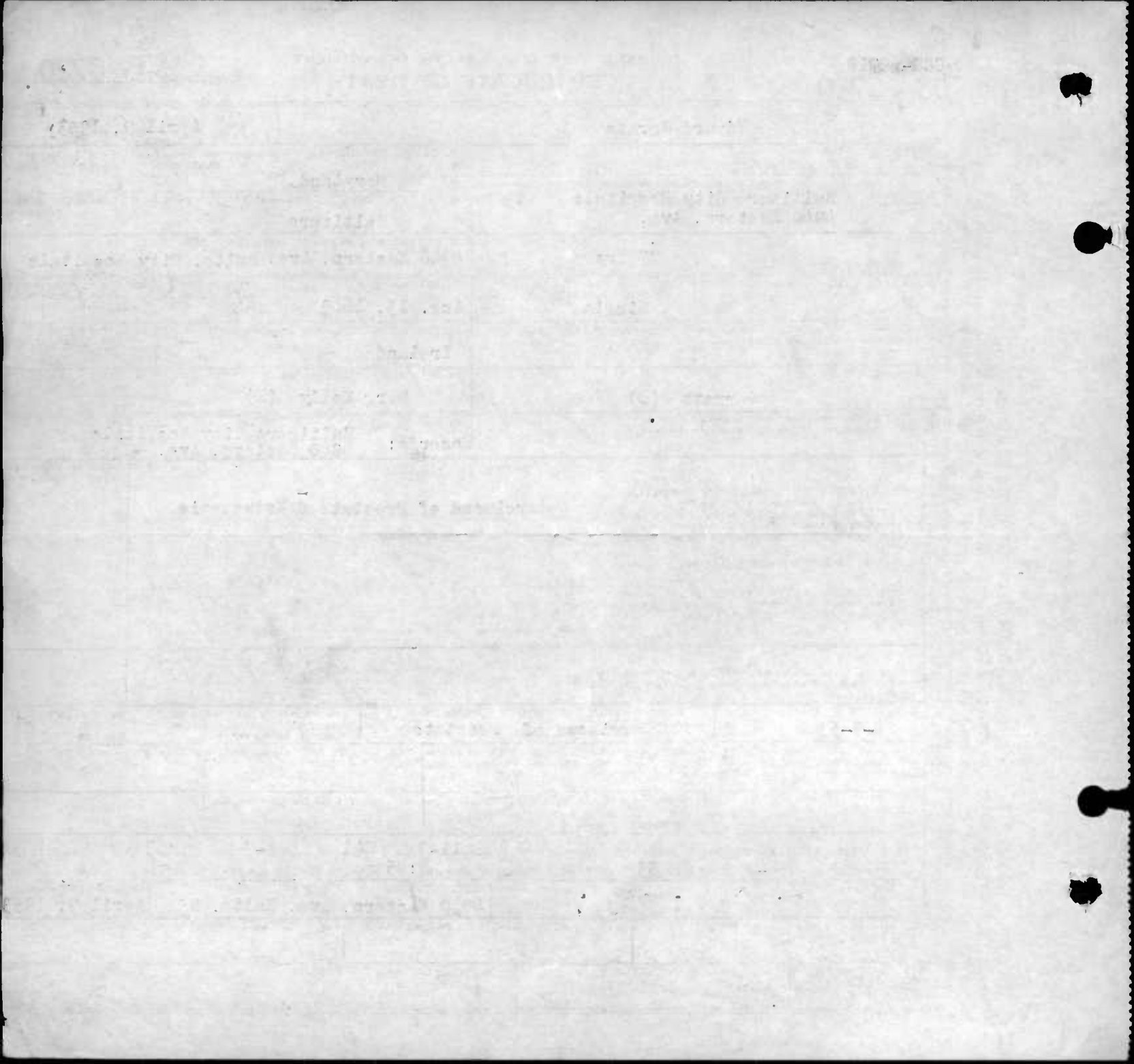
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J-635
CCG-6971953 3720
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3720

1. NAME OF DECEASED (Type or Print) Edward Jordan			2. DATE OF DEATH April 9, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 26-12		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern, Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 27 Yrs Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 4940 Eastern, Ave. Balto. City Hospitals		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 15, 1869	9. AGE (In years last birthday) 84	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Ireland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Garrett (D)			14. MOTHER'S MAIDEN NAME Marg Kelly (D)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT ADDRESS Baltimore City Hospitals Records: 4940 Eastern, Ave.					
18. 177X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Prostate C Metastasis DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 4-9-53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Carcinoma of Prostate		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-3, 1941 , to 4-9, 1953 that I last saw the deceased alive on 4-9, 1953 , and that death occurred at 8:45 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE H. J. Williams, M.D.		23B. ADDRESS 4940 Eastern, Ave. Balto. Md		23C. DATE SIGNED April 9, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/16/53		24C. NAME OF CEMETERY OR CREMATORY Sacred Heart	
24D. LOCATION (City, town, or county) (State) German Hill Rd. Balto.		25. FUNERAL DIRECTOR Huntington Williams, M.D. John J. Tichey, Sons		ADDRESS 1318 Pig-tot St	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

NOLAN, NELLIE

2. DATE
OF
DEATH

4-13-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md

BALTIMORE

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

107 S. MONROE ST

5. SEX

F.M.

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

MAR. 17-1895

9. AGE (In years last birthday)

58

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CLERK

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTO - MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

ANTHONY NOLAN

14. MOTHER'S MAIDEN NAME

BRIDGET REDDINGTON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL SECURITY NO.

215-10-7592

17. INFORMANT

ADDRESS

MR. ANTHONY NOLAN - 1717 W. LOMBARD ST

18.

443X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) HTCUO

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) SUBARACHNOID HEMORRHAGE

(C) UREMIA TERMINALLY

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-10-53 to 4-13-53, 1953, that I last saw the deceased alive on 4-13-53, 1953 and that death occurred at 6:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Harry M. Walsh

23B. ADDRESS

University Hospital

23C. DATE SIGNED

4-14-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

APR 17-1953

24C. NAME OF CEMETERY OR CREMATORY

St. Peter's Cemetery

24D. LOCATION (City, town, or county)

MORELAND AVE. BALTO MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Thomas J. Kenny Inc. 1600 Hollins St

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 3722

53 3722

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Girl Drago

2. DATE
OF
DEATH

4/15/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

508 S. Longwood La

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

4/14/53

9. AGE (in years,
last birthday)10. Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Balto, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Sam J. Drago

14. MOTHER'S MAIDEN NAME

Mary Crap.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

-

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

Mr. Samuel J. Drago

ADDRESS

113 Lane

18. 762.5

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Permativity - Electrocution

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Cardiac - resp failure

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/14/53, 1953, to 4/15, 1953, that I last saw the
deceased alive on 4/15, 1953, and that death occurred at 7 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. J. Dancy

M. D.

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

4/15/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

4/17/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem

24D. LOCATION (City, town, or county)

4300 Old Frederick Rd.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

John J. Cowan & Son

ADDRESS

228 S. Hollins

RECORDS OF THE
CENTROPS OF DEATH

DATE

TIME

PLACE

REMARKS

REMARKS OF THE DEATH

REMARKS OF THE DEATH

REMARKS OF THE DEATH

REMARKS OF THE DEATH

REMARKS OF THE DEATH

REMARKS OF THE DEATH

REMARKS OF THE DEATH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 3723

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH KONIECKI

2. DATE
OF
DEATH

4/13/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

226 S. ANN ST.

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

60

Yrs.

M.

Days

D. STREET ADDRESS (If rural, give location)

226 S. ANN ST.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

1881

9. AGE (In years
last birthday)

72

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

TAILOR

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

POLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Cory

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no.

16. SOCIAL
SECURITY NO.

713-16-9687A

17. INFORMANT

FRANK KONIECKI

ADDRESS

SAME.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CORONARY THROMBOSIS

INSTANT.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

CHRONIC MYOCARDITIS

UNKNOWN

DUE TO

II

(C)

ARTERIOSCLEROSIS

"

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB 1, 1953 to APRIL 13 1953 that I last saw the deceased alive on 4/13, 1953 and that death occurred at 10 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Henry J. Houska

M. D.

23B. ADDRESS

333 S. EAST AVE

23C. DATE SIGNED

4/13/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-17-53

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary Cem.

24D. LOCATION (City, town, or county)

German Village, Balto.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mary Weber 401 S. Chester St

ADDRESS

MINISTRE DE LA SANTE
DEPARTEMENT DE LA SANTE
CERTIFICATE OF DEATH

1. Name of the deceased		2. Sex	
3. Age		4. Date of birth	
5. Place of birth		6. Date of death	
7. Cause of death		8. Signature of the physician	
9. Signature of the registrar		10. Signature of the informant	
11. Signature of the witness		12. Signature of the witness	
13. Signature of the witness		14. Signature of the witness	
15. Signature of the witness		16. Signature of the witness	
17. Signature of the witness		18. Signature of the witness	
19. Signature of the witness		20. Signature of the witness	
21. Signature of the witness		22. Signature of the witness	
23. Signature of the witness		24. Signature of the witness	
25. Signature of the witness		26. Signature of the witness	
27. Signature of the witness		28. Signature of the witness	
29. Signature of the witness		30. Signature of the witness	
31. Signature of the witness		32. Signature of the witness	
33. Signature of the witness		34. Signature of the witness	
35. Signature of the witness		36. Signature of the witness	
37. Signature of the witness		38. Signature of the witness	
39. Signature of the witness		40. Signature of the witness	
41. Signature of the witness		42. Signature of the witness	
43. Signature of the witness		44. Signature of the witness	
45. Signature of the witness		46. Signature of the witness	
47. Signature of the witness		48. Signature of the witness	
49. Signature of the witness		50. Signature of the witness	
51. Signature of the witness		52. Signature of the witness	
53. Signature of the witness		54. Signature of the witness	
55. Signature of the witness		56. Signature of the witness	
57. Signature of the witness		58. Signature of the witness	
59. Signature of the witness		60. Signature of the witness	
61. Signature of the witness		62. Signature of the witness	
63. Signature of the witness		64. Signature of the witness	
65. Signature of the witness		66. Signature of the witness	
67. Signature of the witness		68. Signature of the witness	
69. Signature of the witness		70. Signature of the witness	
71. Signature of the witness		72. Signature of the witness	
73. Signature of the witness		74. Signature of the witness	
75. Signature of the witness		76. Signature of the witness	
77. Signature of the witness		78. Signature of the witness	
79. Signature of the witness		80. Signature of the witness	
81. Signature of the witness		82. Signature of the witness	
83. Signature of the witness		84. Signature of the witness	
85. Signature of the witness		86. Signature of the witness	
87. Signature of the witness		88. Signature of the witness	
89. Signature of the witness		90. Signature of the witness	
91. Signature of the witness		92. Signature of the witness	
93. Signature of the witness		94. Signature of the witness	
95. Signature of the witness		96. Signature of the witness	
97. Signature of the witness		98. Signature of the witness	
99. Signature of the witness		100. Signature of the witness	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 3724BIRTH NO. 53 37241. NAME OF DECEASED
(Type or Print)John Taylor2. DATE
OF
DEATHApril 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONBar Wil Bar

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

D. STREET ADDRESS (If rural, give location)

1714 Etting St

c. Length of stay in Baltimore

5. SEX

m

6. COLOR OR RACE

C7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)m

8. DATE OF BIRTH

July 18969. AGE (In years
last birthday)56If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)none10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTH PLACE (State or foreign country)

Pa12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

Umphrey Taylor

14. MOTHER'S MAIDEN NAME

Betty Carter15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)yesW.W. I16. SOCIAL
SECURITY NO.

17. INFORMANT

Sara Taylor 1714 Etting St

ADDRESS

18. 450.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Generalized arteriosclerosis

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Right-sided paralysis
Amputation of both legs

19A. DATE OF OPERATION

1952

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-13, 1953 to 4-14, 1953, that I last saw the
deceased alive on 4-13, 1953, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

C. R. Hill

M. D.

23B. ADDRESS

718 Dolphin St.

23C. DATE SIGNED

4-15-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

4/17/53

24C. NAME OF CEMETERY OR CREMATORY

Balto. Nat.

24D. LOCATION (City, town, or county)

Balto. Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Geo. S. Kelson 1303

ADDRESS

Presotman

Dr. Worsley
2900 Alemeda
6

F432
53 3725

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3725

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Mary E.

Fields

2. DATE
OF DEATH April 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1926 East Belvedere Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1926 East Belvedere Avenue

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

divorced

8. DATE OF BIRTH

Nov 16, 1899

9. AGE (in years
last birthday)

53

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Luke

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT Ann Arbor, Michigan
Mr. E. H. Linthicum, 1724 Jackson Ave.

18. 174X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Sarcoma uterus
DUE TO generalized abdominal
sarcomatosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

About
2 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1952

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

Aspiration for uterine bleeding

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1951, to 4/15/53, 1953, that I last saw the
deceased alive on 4/14/53, 1953, and that death occurred at 100 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas L. Worsley, M.D.

23B. ADDRESS

2900 Alemeda Rd

23C. DATE SIGNED

4/15/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-17-53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Leonard J. Ruck

ADDRESS

5305 Harford Road.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3726

53 3726

BIRTH NO.

1. NAME OF DECEASED (Type or Print) DORSEY GORDON WARD			2. DATE OF DEATH Apr. 14, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR US Public Health Service Hospital INSTITUTION Wyman Pk. Drive & 31st Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore ? Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 437 S. Fulton Avenue		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/22/27	9. AGE (In years last birthday) 56	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10B. KIND OF BUSINESS OR INDUSTRY Curtis Bay seafarer Towing Co.	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Gordon Ward			14. MOTHER'S MAIDEN NAME Ella Dorsey		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. ?	17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.		
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage due to (A) _____ Hypertensive cardiovascular disease (B) _____ DUE TO (C) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			INTERVAL BETWEEN ONSET AND DEATH About 2 hrs. Years _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 8		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Apr. 14 , 19 53 to Apr. 14 , 19 53 , that I last saw the deceased alive on Apr. 14 , 19 53 and that death occurred at 1:45A m., from the causes and on the date stated above.					
23A. SIGNATURE Harry F. Brumbach		23B. ADDRESS US PHS Hospital, Balto, Md.		23C. DATE SIGNED 4/14/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 18/53	24C. NAME OF CEMETERY OR CREMATORY Loudon Pk.	24D. LOCATION (City, town, or county) (State) Baltimore 29, Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 16 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Harry F. Ditzler 4101 Edmondson Av	

CERTIFICATE OF DEATH

JOSEPH JOHN H. 1880

JOSEPH JOHN H.

JOSEPH JOHN H.

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JOSEPH JOHN H.

CERTIFICATE OF DEATH

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JOSEPH JOHN H.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3727
Registered No.

1. NAME OF DECEASED (Type or Print) **WILLIAM H. CROOK**

2. DATE OF DEATH **APRIL 15 1953**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **MARYLAND**
B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **UNION MEMORIAL HOSPITAL**

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **BALTIMORE**

7. STREET ADDRESS (If rural, give location) **1357 SHERWOOD AVE.**

8. Length of stay in Baltimore **LIFETIME**

9. SEX **MALE**

10. COLOR OR RACE **WHITE**

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**

12. DATE OF BIRTH **JULY 21, 1892**

13. AGE (In years last birthday) **60**

14. Under 1 Year: Months: Days

15. Under 24 Hours: Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **SALESMAN**

17. KIND OF BUSINESS OR INDUSTRY **Biscuit Co.**

18. BIRTHPLACE (State or foreign country) **MARYLAND**

19. CITIZEN OF WHAT COUNTRY? **USA**

20. FATHER'S NAME **THOMAS D. CROOK (M)**

21. MOTHER'S MAIDEN NAME **GERTRUDE DASSINGER**

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **Yes, W.W.I**

23. SOCIAL SECURITY NO. **213 09 6879**

24. INFORMANT **WIFE**

25. ADDRESS **SAME**

18. **420.1**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A)

MYOCARDIAL INFARCTION

DUE TO

(B)

CORONARY OCCLUSION

DUE TO

(C)

ARTERIOSCLEROSIS

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **APRIL 14, 1953** to **APRIL 15, 1953**, that I last saw the deceased alive on **APRIL 15, 1953**, and that death occurred at **12:10 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

UNION MEMORIAL HOSPITAL APRIL 15 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

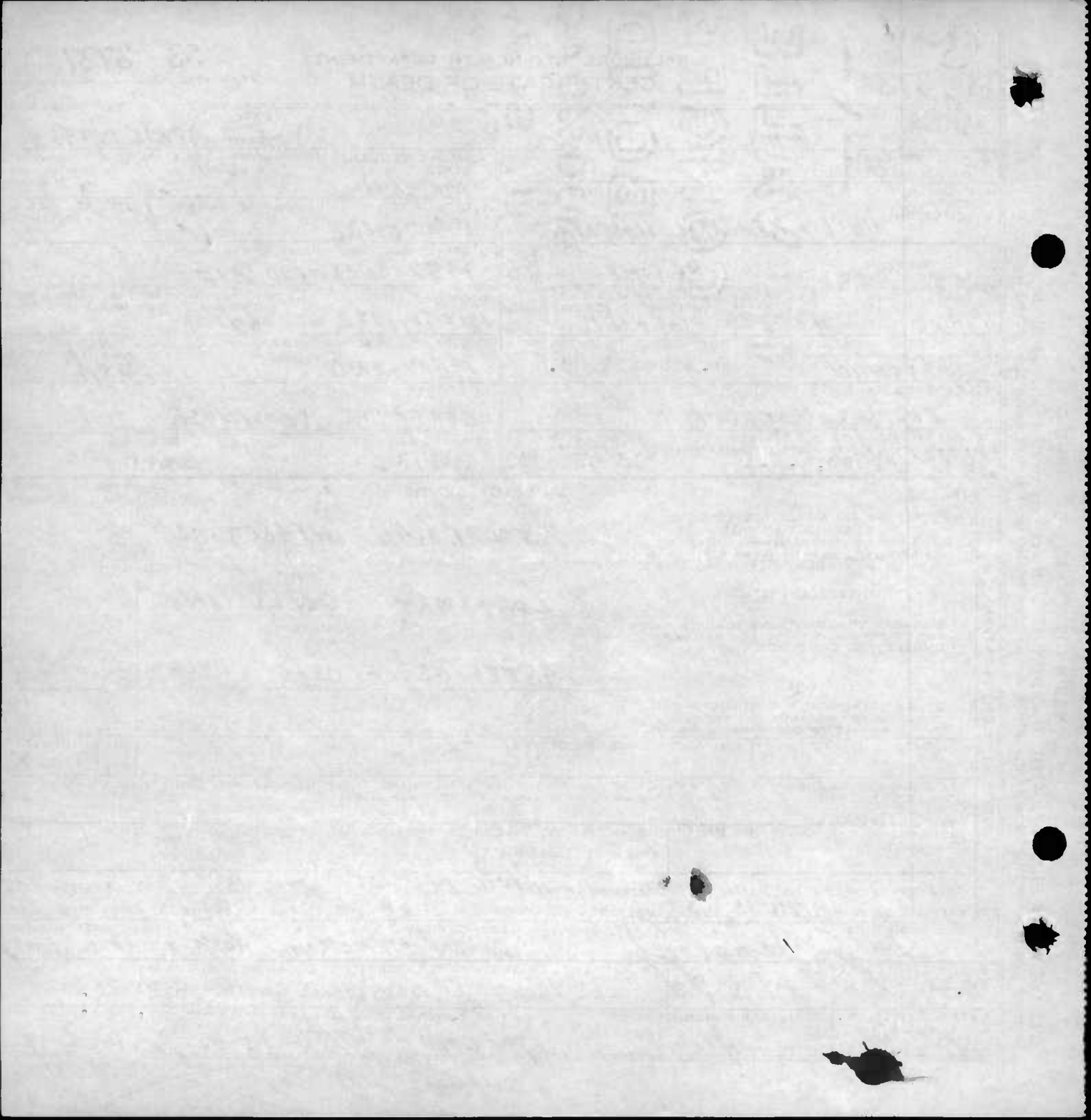
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3728

1. NAME OF DECEASED
(Type or Print) **MARGARET S. SETH**

2. DATE OF DEATH **APR. 15, 1953**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE **MARYLAND** B. COUNTY **BALTIMORE CITY**

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE MD 12-14

UNION MEMORIAL HOSPITAL

D. STREET ADDRESS (If rural, give location)
4404 WICKFORD ROAD

c. Length of stay in Baltimore **52 Yrs. Mos. Days**

5. SEX
F

6. COLOR OR RACE
W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH
NOV 26, 1900

9. AGE (In years last birthday)
52

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
MARYLAND

12. CITIZEN OF WHAT COUNTRY?

Co-Owner

Deane, Inc. (Cleaners)

13. FATHER'S NAME

ALEXANDER H. SETH

14. MOTHER'S MAIDEN NAME

MARGARET S. STEVENS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
DOROTHY WEST 901 W. UNIVERSITY PARKWAY

18. **153X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **ABDOMENAL CARCINOMATOSES 6 mo. +**

DUE TO

ANTECEDENT CAUSES

(B) **ADENOCARCINOMA OF SIGMOID COLON**

DUE TO

UNKNOWN

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **APR. 9**, 19**53** to **APR. 15**, 19**53** that I last saw the deceased alive on **APR. 15**, 19**53** and that death occurred at **12⁰⁵ P. m.**, from the causes and on the date stated above.

23A. SIGNATURE

E. E. J. Russell Jr. M. D.

23B. ADDRESS

UNION MEMORIAL HOSP.

23C. DATE SIGNED

APR. 15, '53

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

4/17/53

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. J. Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Tiekner & Sons

ADDRESS

Balto. 17, Md.

CERTIFICATE OF DEATH

STATE OF NEW YORK

COUNTY OF NEW YORK

CITY OF NEW YORK

DECEASED

NAME

AGE

SEX

RACE

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Coroner

Signature of Registrar

Signature of Burial Officer

Signature of Witness

Signature of Minister

Signature of Undertaker

Signature of Cemetery

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 3729BIRTH NO. 53 3729

1. NAME OF DECEASED (Type or Print) MARGARET E. SASSCER			2. DATE OF DEATH April 14, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2002 Brookfield Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days 2002 Brookfield Ave.			D. STREET ADDRESS (If rural, give location) 2002 Brookfield Ave.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 7, 1885	9. AGE (In years last birthday) 67	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min: 13-02
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Charles W. Schlitzberger			12. CITIZEN OF WHAT COUNTRY? Maryland		
14. MOTHER'S MAIDEN NAME Margaret Spanenberger			17. INFORMANT Mr. James G. Sasscer-2002 Brookfield Av		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no		ADDRESS	

18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CARDIO-VASCULAR ACCIDENT DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. HYPERTENSION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH CARDIO-VASCULAR ACCIDENT DUE TO HYPERTENSION		INTERVAL BETWEEN ONSET AND DEATH 20 min. sev yrs.	
--	--	--	--	---	--

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1948 to APRIL 14, 1953 , that I last saw the deceased alive on April 14, 1953 and that death occurred at 9:45 Am. , from the causes and on the date stated above.					
23A. SIGNATURE E. Edsworth Code		23B. ADDRESS 2431 MARYLAND AVENUE		23C. DATE SIGNED 4-14-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/18/53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.		24E. FUNERAL DIRECTOR Wm. J. Vickner & Sons		24F. ADDRESS Baths 17, Md.	

DALLAS CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. Name of Deceased: _____

2. Sex: _____

3. Age: _____

4. Date of Birth: _____

5. Date of Death: _____

6. Time of Death: _____

7. Place of Death: _____

8. Cause of Death: _____

9. Signature of Physician: _____

10. Signature of Registrar: _____

11. Date of Filing: _____

12. File Number: _____

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 53 3730

BIRTH NO. 3730

1. NAME OF DECEASED (Type or Print) WILLIAM CRUM			2. DATE OF DEATH April 15, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 6000 Bellona Ave. Edgewood Nursing Home			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Towson		
c. Length of stay in Baltimore Yrs. <u> </u> Mos. <u> </u> Days <u> </u>			D. STREET ADDRESS (If rural, give location) 619 Sussex Rd.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 24, 1884	9. AGE (in years last birthday) 68	10. Under 1 Year Months <u> </u> Days <u> </u> 11. Under 24 Hours Hours <u> </u> Min. <u> </u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10B. KIND OF BUSINESS OR INDUSTRY Wholesale Meat Business		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Albert Crum			14. MOTHER'S MAIDEN NAME Mary Elizabeth Peacock		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) none		16. SOCIAL SECURITY NO. 		17. INFORMANT ADDRESS Md. Mrs. Mary C. Fox - 619 Sussex Rd., Towson	

18. 332X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. arteriosclerosis		3+ yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. generalized arteriosclerosis		—

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 14, 1953 , to April 15, 1953 , that I last saw the deceased alive on April 14, 1953 , and that death occurred at 7:30 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE William J. Vickers		23B. ADDRESS 11 W. 29th St		23C. DATE SIGNED 4/16/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/17/53		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.	
24D. LOCATION (City, town, or county) (State) Pikesville, Md.		25. FUNERAL DIRECTOR ADDRESS Wm. J. Vickers & Sons			

VS 150

39063

Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE PRINT PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered 53 3731

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edwin M. Arthur

2. DATE
OF
DEATH

April 15, 1953

3. PLACE OF DEATH:
a. Baltimore City, Maryland

Med. Bldg 3

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

15-38

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 16

d. STREET ADDRESS (If rural, give location)

2605 Allendale Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male White

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

8-25-'83

9. AGE (In years,
last birthday)

69

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Traffic Mgr.

10b. KIND OF BUSINESS OR
INDUSTRY

Chemical & Fertilizer

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John F. Arthur

14. MOTHER'S MAIDEN NAME

Elizabeth Kimble

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

212-03-3146

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-8-1953 to 4-15-1953 that I last saw the
deceased alive on 4-15-1953 and that death occurred at 8:50 a.m. from the causes and on the date stated above.

23a. SIGNATURE

V. Salas de Aguilar M.D.

23b. ADDRESS

JOHNS HOPKINS HOSPITAL

23c. DATE SIGNED

4/15/53

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

4/18/53

24c. NAME OF CEMETERY OR CREMATORY

Meadowridge Mem. Pk.

24d. LOCATION (City, town, or county)

Elkridge, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jm. J. Lickner & Sons

ADDRESS

Baltimore 17, Md.

VS 150

290 4R

CERTIFICATE OF DEATH

Place of Birth

Occupation

Marital Status

Cause of Death

Place of Death

Time of Death

Signature of Physician

Signature of Registrar

Signature of Informant

Place of Death

Time of Death

Signature of Physician

Signature of Registrar

Signature of Informant

565

on

cellular tissue

in blood vessel

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				53 3733		Registered No.	
CERTIFICATE OF DEATH							
BIRTH NO.							
1. NAME OF DECEASED (Type or Print)				VIOLA JOHNSON		2. DATE OF DEATH April 13, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE University Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4-02			
c. Length of stay in Baltimore 25 Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 719 W. Lexington Street			
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH June 18th	9. AGE (In years last birthday) 40	10. Under 1 Year Months: Days:	11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic				10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Va	
12. CITIZEN OF WHAT COUNTRY?				14. MOTHER'S MAIDEN NAME Jennie Gibbons			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT Mollie Shears	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive arteriosclerotic cardiovascular disease				CAUSE OF DEATH 9 29 W Mulberry St			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)				INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
23A. SIGNATURE William Wood				23B. CHIEF MEDICAL EXAMINER... ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR		23C. DATE SIGNED April 14, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE April 16th/53		24C. NAME OF CEMETERY OR CREMATORY Mt Olive		24D. LOCATION (City, town, or county) (State) Richmond VA	
DATE RECEIVED BY LOCAL REGISTRAR APR 15 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Choy O Wilson		ADDRESS 7208A 1006 Brantley E	

AVL 1000000000

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3734
Registered No. _____

BIRTH NO. 53 3734

1. NAME OF DECEASED (Type or Print) <u>William T. Tolley</u>			2. DATE OF DEATH <u>April 14, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland 948 Ashland Court			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>HOSPITAL OR INSTITUTION</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>10-07</u>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <u>948 Ashland Court</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Dec. 3 1870</u>	9. AGE (in years last birthday) <u>82</u>	If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13. FATHER'S NAME <u>John B. Tolley</u>			14. MOTHER'S MAIDEN NAME <u>Mary E. Lambdin</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>Mrs. West, 948 Ashland Court</u>		

18. <u>422.1</u> CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>ARTERIOSCLEROTIC CARDIO VASCULAR DISEASE.</u>		
(A) DUE TO		
(B) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <u>0</u>	19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>1950</u> to <u>APRIL 14, 1953</u> that I last saw the deceased alive on <u>APRIL 10, 1953</u> and that death occurred at <u>4:00 p.m.</u> from the causes and on the date stated above.		
23A. SIGNATURE <u>E. Ellsworth Cook</u> M. D.	23B. ADDRESS <u>2431 MARYLAND AVENUE</u>	23C. DATE SIGNED <u>4-26-53</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>April 17/53</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer</u>
		24D. LOCATION (City, town, or county) (State) <u>Baltimore</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>APR 16 1953</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR ADDRESS <u>Rita Riedefeld, 900 E. Biddle St</u>
VS 150 <u>2431 Maryland Ave</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEPARTMENT OF HEALTH DEPARTMENT
CERTIFICATE OF DEATH

CAUSE OF DEATH

DEATH CERTIFICATE
NO. 1000
1900

DEATH CERTIFICATE
NO. 1000
1900

DEATH CERTIFICATE
NO. 1000
1900

DEATH CERTIFICATE
NO. 1000
1900

DEATH CERTIFICATE
NO. 1000
1900

DEATH CERTIFICATE
NO. 1000
1900

DEATH CERTIFICATE
NO. 1000
1900

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3735**

BIRTH NO. **53 3735**

1. NAME OF DECEASED
(Type or Print)

John Holmes

2. DATE
OF
DEATH

4-16-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Street

Hartford

6200

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

FEB. 23 1890 73

9. AGE (In years last birthday)

If Under 1 Year Months; Days Hours Min.

1 21

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

WATCHMAN RETIRED

10B. KIND OF BUSINESS OR INDUSTRY

DISTILLARY

11. BIRTHPLACE (State or foreign country)

BALTE COUNTY

12. CITIZEN OF WHAT COUNTRY?

Not Known

13. FATHER'S NAME

JOHN HENRY HOLMES

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Clara May Holmes Street

18. *570.2*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Mesenteric Thrombosis of small bowel*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *4-15*, 19*52*, to *4-16*, 19*53* that I last saw the deceased alive on *4-16*, 19*53*, and that death occurred at *2* *4* m., from the causes and on the date stated above.

23A. SIGNATURE

Virginia Hunter

23B. ADDRESS

University Hospital

23C. DATE SIGNED

4-16-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/18-53

24C. NAME OF CEMETERY OR CREMATORY

Bellair Memorial Gardens, Bellair Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Martha G. Gentry, Janitor

ADDRESS

Ind.

VS 150

763 46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF TEXAS
COUNTY OF DALLAS

John Henry Holmes
Married, (born) Military

John Henry Holmes
Married, (born) Military

John Henry Holmes

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3736**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph H. Northington

2. DATE
OF
DEATH

April 14/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Md.*

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1729 N. Broadway

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
1729 N. Broadway

C. Length of stay in Baltimore

8 yrs

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 15, 1886

9. AGE (In years last birthday)

72

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Brunswick Co. Ga.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Osborne Northington

14. MOTHER'S MAIDEN NAME

Charlotte ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Carrie Northington 1729 N. Broadway

18. *420.0*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *ARTERIO-SCLEROTIC CARDIAC DISEASE*

4 YRS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2/10/53* to *4/14/53*, that I last saw the deceased alive on *4/12/53* and that death occurred at *320 F* from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

23B. NAME OF CLERK, ADDRESS
1500 EAST MADISON BALTIMORE, M. D.

23C. DATE SIGNED
4-16-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

April 18/53

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cemetery, A A County Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

Mrs Robert A. Elliott & Daughter

ADDRESS

1129 N. Caroline St.

DEPARTMENT OF HEALTH
CITY OF NEW YORK
CERTIFICATE OF DEATH

Blank form with horizontal lines for text entry.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-425
53 3737
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3737

1. NAME OF DECEASED (Type or Print) ROBERT A. NELSON			2. DATE OF DEATH April 14, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
8. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write R.U.T. and give township) Baltimore		
c. Length of stay in Baltimore LIFE Yrs. 0 Mos. 0 Days 0			D. STREET ADDRESS (If rural, give location) 1404 Druid Hill Avenue		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 2/9/1886 ?	9. AGE (in years last birthday) 67 ?	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PORTER			10B. KIND OF BUSINESS OR INDUSTRY GROCERY STORE		
11. BIRTHPLACE (State or foreign country) BALTIMORE MD.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME ROBERT NELSON			14. MOTHER'S MAIDEN NAME IDA DIGGS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. 218-01-3605		
17. INFORMANT EDMONIA NELSON-1061 MYRTLE AV.			ADDRESS		
18. 022X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Syphilitic cardiovascular disease (A) XXXXX					INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William A. Cooper</i>			23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		
23C. DATE SIGNED April 15, 1953					
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 4/18/53		24C. NAME OF CEMETERY OR CREMATORY MT. AUBURN CEMETERY	
24D. LOCATION (City, town, or county) (State) BALTO. MD.					
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR CHARLES G. COOPER-512 CARROLLTON AV	
VS 151		<i>7806A Charles Cooper</i>			

DATE

TO: DIRECTOR, FBI

FROM: SAC, NEW YORK

SUBJECT

RE: [illegible]

NY 100-100000

REFERENCE

TO: DIRECTOR, FBI

NY 100-100000

RE: [illegible]

TO: DIRECTOR, FBI

NY 100-100000

RE: [illegible]

TO: DIRECTOR, FBI

NY 100-100000

RE: [illegible]

TO: DIRECTOR, FBI

NY 100-100000

RE: [illegible]

TO: DIRECTOR, FBI

NY 100-100000

RE: [illegible]

TO: DIRECTOR, FBI

NY 100-100000

RE: [illegible]

TO: DIRECTOR, FBI

NY 100-100000

RE: [illegible]

TO: DIRECTOR, FBI

NY 100-100000

RE: [illegible]

TO: DIRECTOR, FBI

NY 100-100000

RE: [illegible]

TO: DIRECTOR, FBI

NY 100-100000

RE: [illegible]

TO: DIRECTOR, FBI

NY 100-100000

RE: [illegible]

TO: DIRECTOR, FBI

NY 100-100000

RE: [illegible]

TO: DIRECTOR, FBI

NY 100-100000

RE: [illegible]

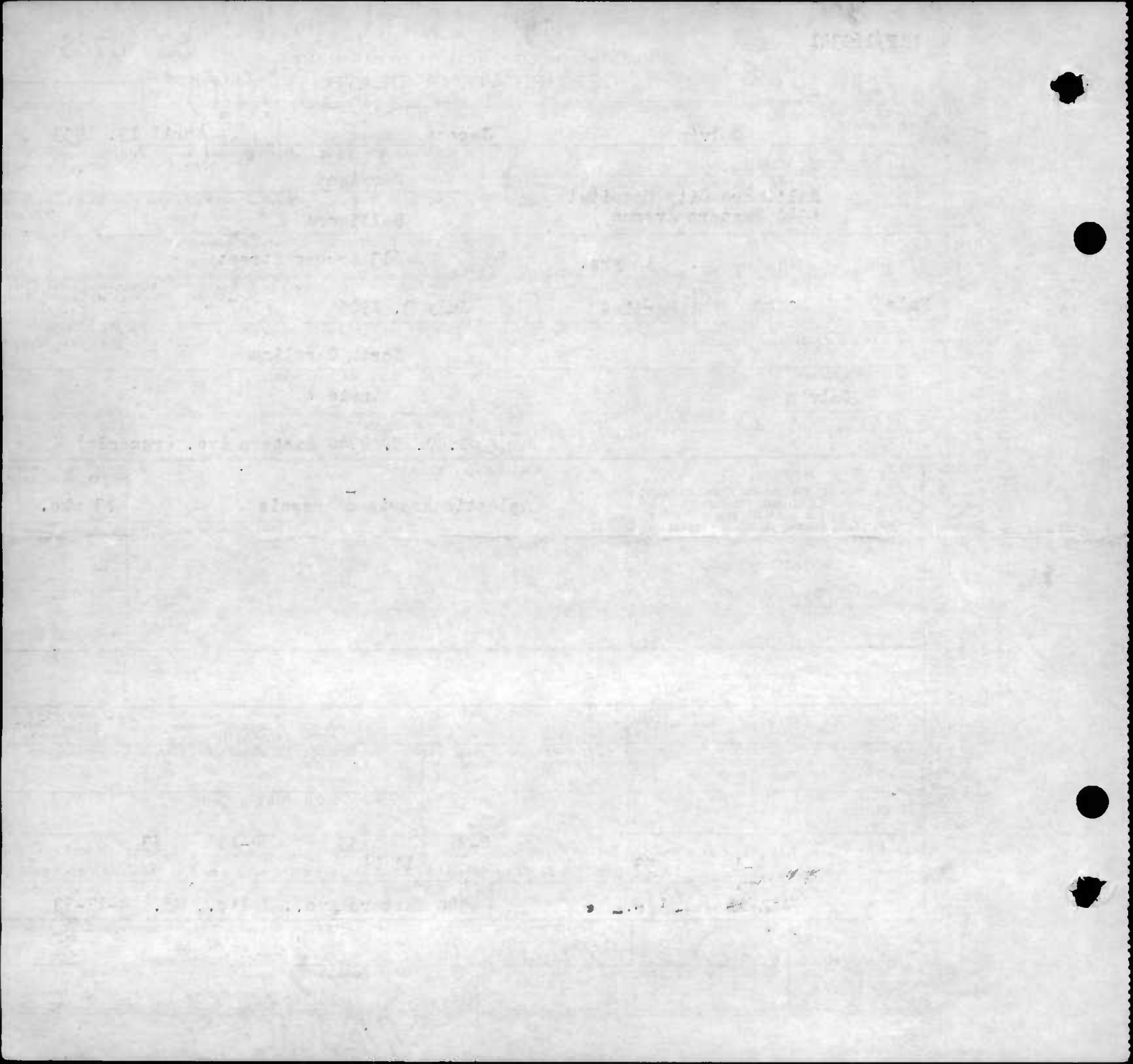
TO: DIRECTOR, FBI

NY 100-100000

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J-212 MAF/169341		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 3738		Registered No. _____	
BIRTH NO. 53 3738							
1. NAME OF DECEASED (Type or Print) Calvin Jacobs				2. DATE OF DEATH April 13, 1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Avenue				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 21-02			
c. Length of stay in Baltimore 16 yrs.				D. STREET ADDRESS (If rural, give location) 613 Archer Street			
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 3, 1905		9. AGE (In years last birthday) 47	10. Under 1 Year Months: _____ Days: _____	11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) North Carolina		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Calvin				14. MOTHER'S MAIDEN NAME Annie ?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 214-05-3728		17. INFORMANT B. C. H. 4940 Eastern Ave. (records)		ADDRESS	
18. 292.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Aplastic Anemia & sepsis (A) _____ DUE TO ANTECEDENT CAUSES (B) _____ DUE TO (C) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH 13 wks.			
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4-7 , 19 53 , to 4-13 , 19 53 , that I last saw the deceased alive on 4-13 , 19 53 , and that death occurred at 11 P m., from the causes and on the date stated above.							
23A. SIGNATURE <i>H. J. Baker</i>				23B. ADDRESS 4940 Eastern Ave., Balto., Md.		23C. DATE SIGNED 4-13-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 17, 1953		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery		24D. LOCATION (City, town, or county) (State) Westport Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>H. J. Baker</i>		25. FUNERAL DIRECTOR Joseph P. Luss		ADDRESS 2222 W. North Ave. Balto. Md.	
VS 150							



53 3739

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3739
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Irvin B. Litsinger

2. DATE
OF
DEATH

April 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)
Fayette St. Convalescent Home

1105 E. Fayette St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
Baltimore 23-01 township)

D. STREET ADDRESS (If rural, give location)

1008 S. Hanover St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Nov. 17th. 1902

9. AGE (in years
last birthday)

50 yrs

If Under 1 Year Months Days
If Under 24 Hours Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR
INDUSTRY

Bicycle Repairs

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Benjamin F. Litsinger

14. MOTHER'S MAIDEN NAME

Wilhelmina Niewerth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Rev. Gilbert Litsinger, 3408 Taney Road

18. 592x and 002x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH
sev yrs,DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) HYPERTENSIVE CARDIO VASCULAR DISEASE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) CONGESTIVE HEART FAILURE

DUE TO

sev weeks

(C) CHRONIC GLOMERULONEPHRITIS

sev yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

PULMONARY TUBERCULOSIS?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB 20, 1953, to APRIL 14, 1953, that I last saw the
deceased alive on 10 April 53 and that death occurred at 11:30p, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

2431 Maryland Ave.

4-16-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

April 17, 1953

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge Cemetery

24D. LOCATION (City, town, or county)

Elkridge, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

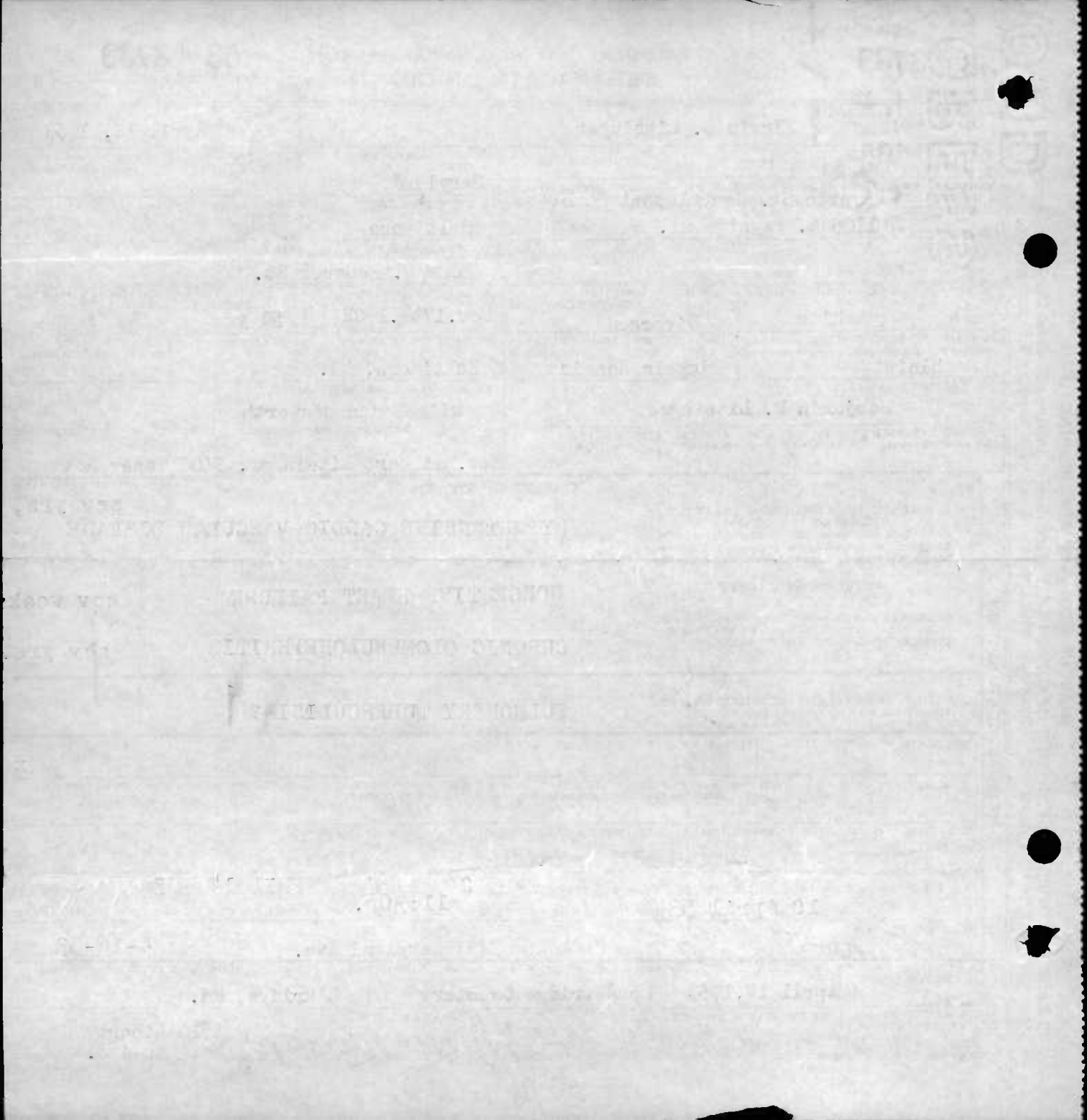
25. FUNERAL DIRECTOR

ADDRESS

APR 17 1953

Huntington Williams

4510 Liberty
Heights Ave.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE NUMBERED 4/29/53 ES

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3740

BIRTH NO. 53 3740		1. NAME OF DECEASED (Type or Print) Jesse Robinson		2. DATE OF DEATH 4-16-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 13-08			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1343 Clipper Height -11			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 8, 1941	9. AGE (In years last birthday) 11	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME Elmer Robinson		14. MOTHER'S MAIDEN NAME Blanche Wright			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS B. C. H. Records, 4940 Eastern Ave.	
18. 401.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Rheumatiz Cardiovascular Disease DUE TO with rheumatic fever		INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.					
19A. DATE OF OPERATION ✓		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-8-53 , 19 53 , to April 16 , 19 53 that I last saw the deceased alive on April 16 , 19 53 and that death occurred at 4am m., from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 4-16-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 18/53		24C. NAME OF CEMETERY OR CREMATORY St. Mary's Hampden	
24D. LOCATION (City, town, or county) (State) 3900 Roland Ave Md		24E. DATE RECEIVED BY LOCAL REGISTRAR APR 17 1953		24F. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
24G. FUNERAL DIRECTOR Justin E. Donovan		24H. ADDRESS 3818 Roland Ave.		24I. VS 150	

Amended from C.D. card # 12978 reported 4/8/53 ES
from BCH

Was the R.H. card used in
action R.F. at time of demand -
or meeting, present - - & chr card?

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 3741**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Wolf Gart**2. DATE
OF
DEATH**4/16/53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)**46 Lutheran Hospital**

C. CITY OR TOWN (If outside corporate limits, write TOWNSHIP and give township)

Baltimore**6-05**

D. STREET ADDRESS (If rural, give location)

1728 E. Balto. St. #31

c. Length of stay in Baltimore

35Yrs.
Mths.
Days

5. SEX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**married**

8. DATE OF BIRTH

?9. AGE (In years
last birthday)**67**If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**tailor**10B. KIND OF BUSINESS OR
INDUSTRY**Ladies Wear**

11. BIRTHPLACE (State or foreign country)

Russia12. CITIZEN OF
WHAT COUNTRY?**? Russia**

13. FATHER'S NAME

Not Known

14. MOTHER'S MAIDEN NAME

Not Known15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**no**16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Daniel Schulman 3825 Dent Rd.18. **422.1 and 153X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

arteriosclerotic cardiovascular disease

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.**carcinoma colon, old, with colectomy**INTERVAL BETWEEN
ONSET AND DEATH**? sev. days**

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4/14**, 19**53**, to **4/16**, 19**53**, that I last saw the
deceased alive on **4/14**, 19**53**, and that death occurred at **12 noon**, from the causes and on the date stated above.

23A. SIGNATURE

Franklin X. Keller

M. D.

23B. ADDRESS

Lutheran Hospital

23C. DATE SIGNED

4/16/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

4-17-1953

24C. NAME OF CEMETERY OR CREMATORY

Roseclade

24D. LOCATION (City, town, or county)

Balto

(State)

Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

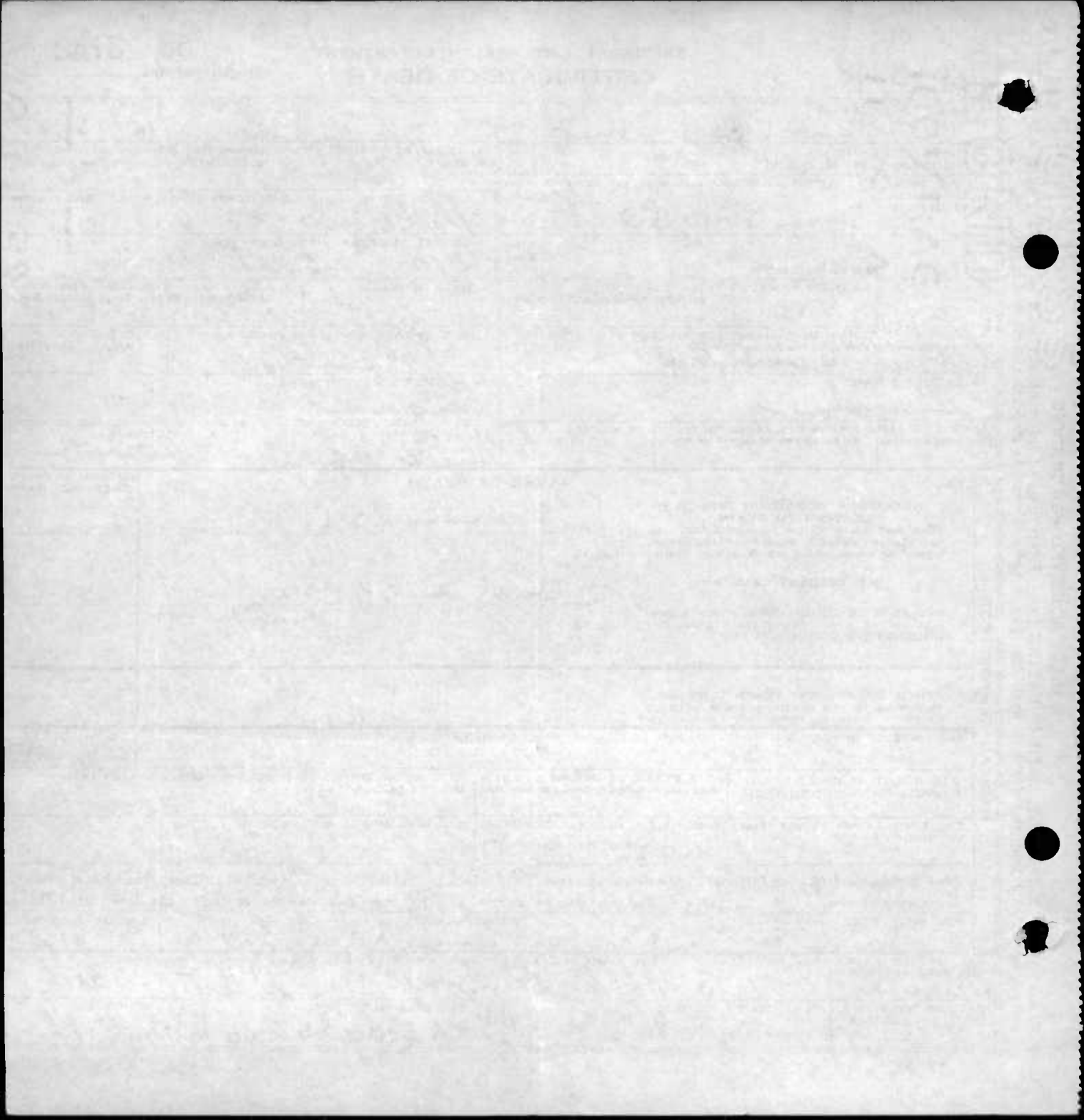
25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis Inc - 2100 Eutan Rd.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3742
Registered No.53 3742
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Samuel George Shap</i>			2. DATE OF DEATH <i>4/16/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>42 Sinai Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-16</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>3310 Dupont Ave</i>		
5. SEX <i>m</i>	6. COLOR OR RACE <i>w</i>	7. SINGLE <input checked="" type="checkbox"/> MARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) <i>52</i>	H Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laboratory assistant</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country) <i>Poland</i>
13. FATHER'S NAME <i>Samuel</i>			14. MOTHER'S MAIDEN NAME <i>Blanca</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Nellie Shap - Same</i>	
18. <i>151X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH <i>Carcinomatosis</i> (A) DUE TO (B) <i>Gastric CA (Scurbous Infiltrating)</i> DUE TO (C)		
INTERVAL BETWEEN ONSET AND DEATH <i>6 mos.</i> <i>1 yr.</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION <i>4/16</i>		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3/26</i> , 1953 to <i>4/16</i> , 1953 that I last saw the deceased alive on <i>4/16</i> , 1953, and that death occurred at <i>9:15 A.m.</i> , from the causes and on the date stated above.					
22a. SIGNATURE <i>William D. P. Weir</i>			23b. ADDRESS <i>Sinai Hospital</i>		23c. DATE SIGNED <i>4/16/53</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>4-17-53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Okech Sholom</i>		24d. LOCATION (City, town, or county) (State) <i>Balto Md</i>
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		FUNERAL DIRECTOR'S ADDRESS <i>Jack Rowder 2100 Cutaw Pl</i>	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 3743
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3743
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Sarah Bass		4-16-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE Where deceased lived. If institution: residence before admission	
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE Md B. COUNTY	
Levendale		Baltimore 15-10	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
60 Yrs. Mos. Days		4109 Belle ave	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Female	white	Widow	95
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years) If Under 1 Year Months Days If Under 24 Hours Hours Min.
Housewife			
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Lith			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Elyza		not known	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	
Harry Bass		2276 Linden Ave	
18. 141X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
Tumor of the tongue with metastasis to the left neck		INTERVAL BETWEEN ONSET AND DEATH	
2 years			
19. ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
0			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12-4, 1952 to 4-16, 1953 that I last saw the deceased alive on 4-16, 1953, and that death occurred at 930 p.m., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
Gyoniondski		Levendale Home	
M. D.		4-16-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Burial		4-17-53	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Rosedale		Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	
APR 17 1953		H. J. Williams	
VS 150		25. FUNERAL DIRECTOR ADDRESS	
		Jack Lewin 2100 Cutaw Pl	

VALLEY
CONCRETE
BOND
100%
O.S.

53 3744

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3744

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGARET J

O'CONNOR

2. DATE
OF
DEATH

Apr 15 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

EDGEWOOD NURSING HOME

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MD.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTO

D. STREET ADDRESS (If rural, give location)

910 E. BELVEDERE AVE

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

9-19-1865

9. AGE (In years
last birthday)

87

10 Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

PATRICK HARTY

14. MOTHER'S MAIDEN NAME

ALICE PENDRY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Philip A. Moisan 910 E BELVEDERE AVE

18. 170X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Carcinoma of Breast

INTERVAL BETWEEN
ONSET AND DEATH

3 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

General Terminal Carcinoma

1 yr

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940 to April 15, 1953, that I last saw the
deceased alive on April 15, 1953, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Herbert M. Foster

23B. ADDRESS

2824 St. Paul St

23C. DATE SIGNED

April 16 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

Apr 18, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

BALTO MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H. H. Jenkins & Sons Co 4905 YORK RD

Dr. Herbert M. Foster
2824. St Paul St

Dr. Grott
8100 Harford Road

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3745
Registered No.

BIRTH NO

1. NAME OF DECEASED
(Type or Print)

John A. Myers

2. DATE OF DEATH April 16, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)
2831 Rosalie Avenue

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widower

8. DATE OF BIRTH

Nov 7, 1874

9. AGE (In years last birthday)

78

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Grave Digger, Moreland

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lancaster, Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

Mrs. Vada M. Barlow, 2831 Rosalie

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic C.V.D.
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 13, 1953, to April 16, 1953, that I last saw the deceased alive on April 13, 1953, and that death occurred at 5:30 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

4-18-53

24C. NAME OF CEMETERY OR CREMATORY

Moreland Mem. Park

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 17 1953

Huntington Williams, M.D.

Leonard O. Ruck, 5305 Harford Road

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3746

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDGAR Edwin WATKINSON

2. DATE
OF
DEATH

April 15, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Baltimore City Morgue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1908 N. Charles Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Nov 23, 1885

9. AGE (in years
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Retired Electrician10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Sidney Watkinson

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
107-03-4879

17. INFORMANT

ADDRESS

Mrs. Lula J. Watkinson, 1908 N Charl

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ 23C. DATE SIGNED
ASSISTANT MEDICAL EXAMINER ☒ April 15, 1953
M.D. MEDICAL INVESTIGATOR24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

4-17-53

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

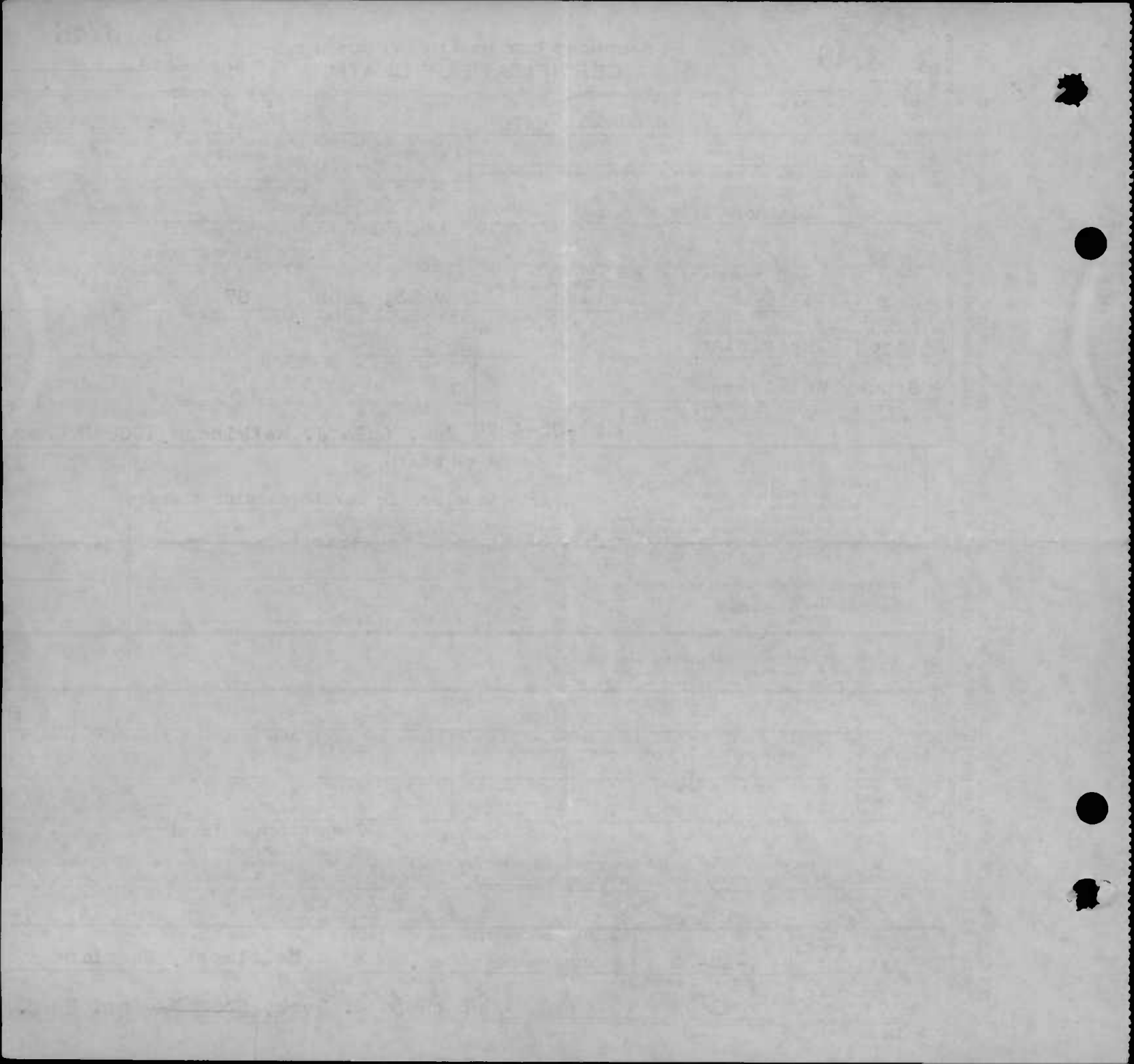
25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5303 Harford Road

VS 151

51524



G-456

53 3747

53 3747

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ELLEN Gilmore

2. DATE
OF
DEATH

April 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

700 1/2 E Biddle St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

10-01

D. STREET ADDRESS (If rural, give location)

700 1/2 E. Biddle St.

c. Length of stay in Baltimore

60 Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

August 1978

9. AGE (In years
last birthday)

79

If Under 1 Year
Months: Days

8 1

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

William Gallagher

14. MOTHER'S MAIDEN NAME

Anna Killmaray

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Miss James H. Coleman 700 1/2 E Biddle

ADDRESS

18. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/1 1953, that I last saw the
deceased alive on 4/13 1953, and that death occurred at 6:40 PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Mr. Louis J. Platt
8402 Greenway Rd.
Va-2616-HA-61732

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 3748BIRTH NO. 53 3748

1. NAME OF DECEASED (Type or Print) EVA SCHICK TRUMP			2. DATE OF DEATH April 16, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY none		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3907 Canterbury Road			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 34 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3907 Canterbury Road		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 12, 1859		9. AGE (In years last birthday) 93
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Gettysburg, Pa.		12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME John L. Schick			14. MOTHER'S MAIDEN NAME Sarah Welty		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Benson B. Boss 3907 Canterbury Rd.		
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Antemortem DUE TO (A) Cerebral Hemorrhage DUE TO (B) Antemortem DUE TO (C) Antemortem			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1947 , 19__, to April 15, 1953 , that I last saw the deceased alive on April 15, 1953 , and that death occurred at 3 A. m. , from the causes and on the date stated above.					
23A. SIGNATURE Walter B. Buch		23B. ADDRESS 19 E. Eager St.		23C. DATE SIGNED 4 - 17 - 53	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) entombment		24B. DATE 4 - 18 - 53		24C. NAME OF CEMETERY OR CREMATORY Green Hill	
24D. LOCATION (City, town, or county) (State) Martinsburg, W. Va.		25. FUNERAL DIRECTOR ADDRESS John O. Mitchell & Sons, Inc. - 1900 Eutaw Place			
DATE RECEIVED BY LOCAL REGISTRAR APR 17 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS John O. Mitchell & Sons, Inc. - 1900 Eutaw Place	

SECTION ON HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Nature of disease		8. Duration of illness	
9. Name of physician		10. Name of attending physician		11. Name of hospital		12. Name of funeral home	
13. Name of informant		14. Name of registrar		15. Name of health officer		16. Name of coroner	
17. Name of undertaker		18. Name of cemetery		19. Name of place of burial		20. Name of place of interment	
21. Name of place of residence		22. Name of place of birth		23. Name of place of death		24. Name of place of burial	
25. Name of place of interment		26. Name of place of residence		27. Name of place of birth		28. Name of place of death	
29. Name of place of burial		30. Name of place of interment		31. Name of place of residence		32. Name of place of birth	
33. Name of place of death		34. Name of place of burial		35. Name of place of interment		36. Name of place of residence	
37. Name of place of birth		38. Name of place of death		39. Name of place of burial		40. Name of place of interment	
41. Name of place of residence		42. Name of place of birth		43. Name of place of death		44. Name of place of burial	
45. Name of place of interment		46. Name of place of residence		47. Name of place of birth		48. Name of place of death	
49. Name of place of burial		50. Name of place of interment		51. Name of place of residence		52. Name of place of birth	
53. Name of place of death		54. Name of place of burial		55. Name of place of interment		56. Name of place of residence	
57. Name of place of birth		58. Name of place of death		59. Name of place of burial		60. Name of place of interment	
61. Name of place of residence		62. Name of place of birth		63. Name of place of death		64. Name of place of burial	
65. Name of place of interment		66. Name of place of residence		67. Name of place of birth		68. Name of place of death	
69. Name of place of burial		70. Name of place of interment		71. Name of place of residence		72. Name of place of birth	
73. Name of place of death		74. Name of place of burial		75. Name of place of interment		76. Name of place of residence	
77. Name of place of birth		78. Name of place of death		79. Name of place of burial		80. Name of place of interment	
81. Name of place of residence		82. Name of place of birth		83. Name of place of death		84. Name of place of burial	
85. Name of place of interment		86. Name of place of residence		87. Name of place of birth		88. Name of place of death	
89. Name of place of burial		90. Name of place of interment		91. Name of place of residence		92. Name of place of birth	
93. Name of place of death		94. Name of place of burial		95. Name of place of interment		96. Name of place of residence	
97. Name of place of birth		98. Name of place of death		99. Name of place of burial		100. Name of place of interment	

L-200
53 3749

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3749
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGARET F. HEGG

2. DATE
OF
DEATH

APR 16-16-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 627 E 30th St.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

BALTIMORE MD

township)

D. STREET ADDRESS (If rural, give location)

627 E 30th St.

C. Length of stay in Baltimore

68 yrs.

5. SEX

FEM

6. COLOR OR RACE

WHITE

7. SINGLE/MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

MAY 4-1884

9. AGE (In years
last birthday)

68

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSE WORK

10B. KIND OF BUSINESS OR
INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

ALBERT S. KINSEY

14. MOTHER'S MAIDEN NAME

MAUDE STALLINS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

VIRGINIA SEIFERT 627 E 30th St

18. 174X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH
Carcinoma of Uterus

INTERVAL BETWEEN
ONSET AND DEATH

6 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertension P.V.D

2 years

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/6, 1951, to 4/16, 1953, that I last saw the
deceased alive on 4/15, 1953, and that death occurred at 11 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3750
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

James Balzano

2. DATE
OF
DEATH

4-17-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *MD* B. COUNTY _____

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore *27-01*

D. STREET ADDRESS (If rural, give location)

5001 Benton Heights Ave

c. Length of stay in Baltimore

11

5. SEX

M

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jul 28, 1914

9. AGE (in years last birthday)

38

If Under 1 Year Months: Days If Under 24 hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

PA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Vita Balzano

14. MOTHER'S MAIDEN NAME

MARY MUNSOR

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Myocardial Infarction*

DUE TO

5 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Arterio sclerotic Cardio Vasc Disease*

DUE TO

14 hrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Apr 16*, 1953, to *Apr 17*, 1953, that I last saw the deceased alive on *Apr 17*, 1953, and that death occurred at *4 A* m., from the causes and on the date stated above.

23A. SIGNATURE

Rubey D. Richardson

23B. ADDRESS

University Hospital

23C. DATE SIGNED

4/17/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

4/17/53

24C. NAME OF CEMETERY OR CREMATORY

GIBBONS FUNERAL HOME

24D. LOCATION (City, town, or county) (State)

ASHVILLE, PA

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H.ington Williams, M.D.

25. FUNERAL DIRECTOR

Mildred T. Blight

ADDRESS

6009 Hanford Rd

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RICHARD

ROTHWELL

2. DATE
OF
DEATH

March 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

615 Washington Boulevard

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 18, 1884

9. AGE (In years
last birthday)

62

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired U.S. Marine

10B. KIND OF BUSINESS OR
INDUSTRY

Marine Corp

11. BIRTH PLACE (State or foreign country)

Baltimore, Ireland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edward

14. MOTHER'S MAIDEN NAME

Joan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

World War I

16. SOCIAL
SECURITY NO.

17. INFORMANT

Veterans Admin.

ADDRESS

Baltimore

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry hereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐23C. DATE SIGNED
March 13, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/17/53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

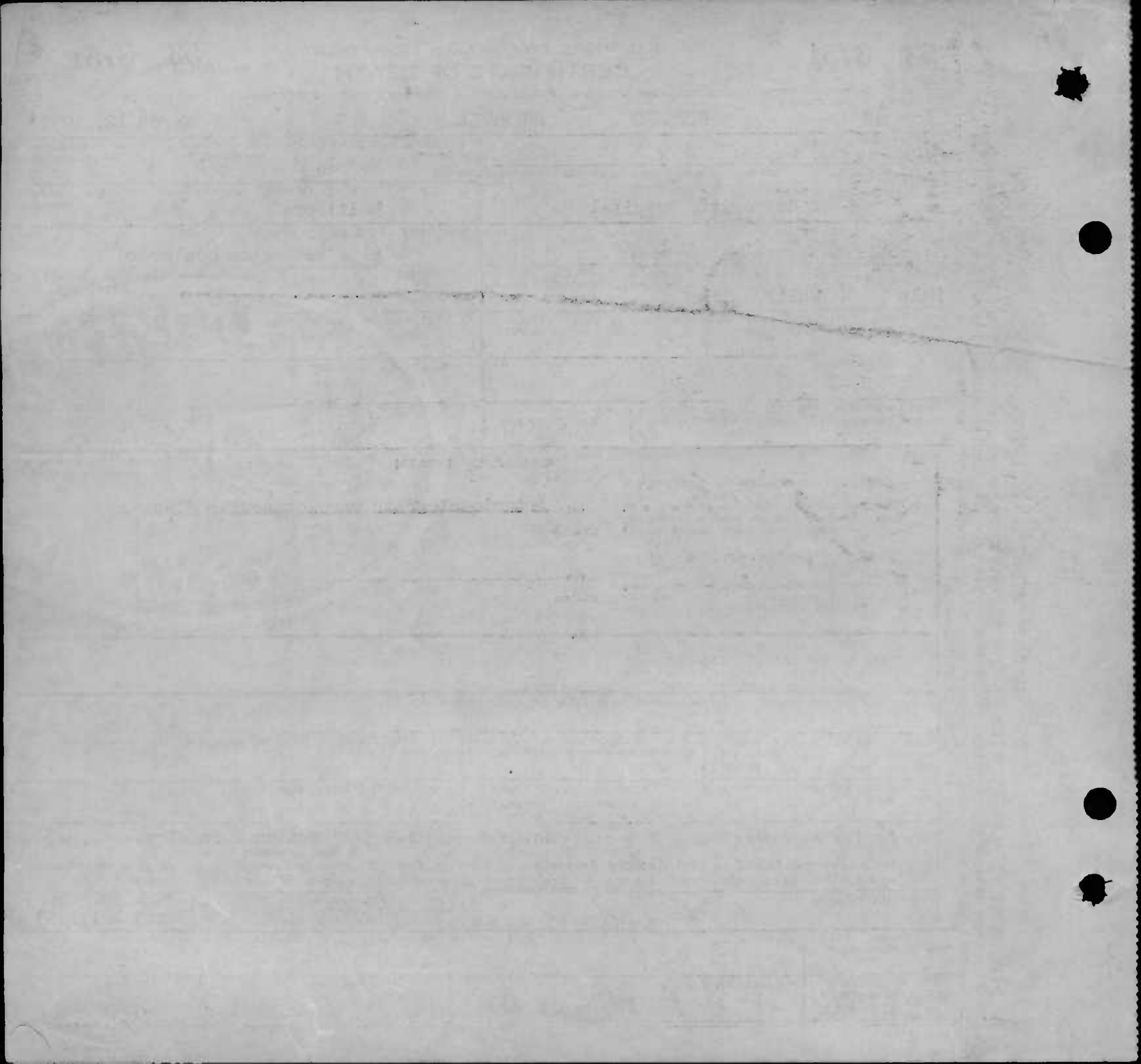
25. FUNERAL DIRECTOR

ADDRESS

11111 11111 11111

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 3752**BIRTH NO. **53 3752 29739**1. NAME OF DECEASED
(Type or Print)**Charlotte Anne Bibbs**2. DATE
OF
DEATH**Apr. 15, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.** B. COUNTYB. FULL NAME OF
HOSPITAL OR
INSTITUTION**1523 W. Lexington St.**C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto.

D. STREET ADDRESS (If rural, give location)

1523 W. Lexington St.

C. Length of stay in Baltimore

lifeYrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Dec. 10, 19529. AGE (In years
last birthday)11 Under 1 Year
Months: Days**4**11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**infant**10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lawrence Bibbs 1523 W. Lexington St.18. **491X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.**Convulsions**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April 14** 19**53** to **April 15** 19**53** that I last saw the
deceased alive **April 15** 19**53**, and that death occurred at **11:15** a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

4/15/53

24C. NAME OF CEMETERY OR CREMATORY

mt Auburn

24D. LOCATION (City, town, or county)

Balto. Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Geo. G. Kelson 1303 Presstman St.**Geo. G. Kelson**

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

RELIGION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

RELIGION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

Dr. Julius Goodman
3400 E. Baltimore St.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3753

Registered No.

53 3753

1. NAME OF DECEASED (Type or Print) MRS. ELIZABETH MOORE			2. DATE OF DEATH April 17, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2107 Mura Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 2107 Mura Street			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 8, 1886	9. AGE (In years last birthday) 66	10. UNDER 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Henry Beitzel			14. MOTHER'S MAIDEN NAME Catherine Brockmeyer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Mildred Moore, 2107 Mura Street			ADDRESS		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Conary Hemiparesis INTERVAL BETWEEN ONSET AND DEATH 5 hrs					
19. DATE OF OPERATION			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 4/16, 1953, to 4/17, 1953, that I last saw the deceased alive on 4/16, 1953, and that death occurred at 2:15 A.M., from the causes and on the date stated above.					
23A. SIGNATURE J.H. Goodman			23B. ADDRESS 3400 E. Baltimore		
23C. DATE SIGNED 4/17/53					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 4-21-53		
24C. NAME OF CEMETERY OR CREMATORY Moreland Mem. Park			24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		
DATE RECEIVED BY LOCAL REGISTRAR APR 17 1953			REGISTRAR'S SIGNATURE Huntington Williams		
25. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Road.			ADDRESS		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-316		BALTIMORE CITY HEALTH DEPARTMENT		53 3754	
53 3754		CERTIFICATE OF DEATH		Registered No. 53 3754	
1. NAME OF DECEASED (Type or Print) <u>William H. Bedford</u>			2. DATE OF DEATH <u>April 13, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Med Center 7</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore <u>Life</u>			D. STREET ADDRESS (If rural, give location) <u>130 S. Bond St.</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>8-18-92</u>	9. AGE (In years last birthday) <u>60</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>For Self</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>General Repairs</u>		11. BIRTHPLACE (State or foreign country) <u>Balto. Co. Md.</u>
13. FATHER'S NAME <u>John Bedford</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>			16. SOCIAL SECURITY NO.		
14. MOTHER'S MAIDEN NAME <u>Mary Ellen Hicks</u>			17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>		
18. <u>490x</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Pneumonia RLL</u> DUE TO <u>AML</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 das.</u>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>4-13</u> , 19 <u>53</u> to <u>4-13</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4-13</u> , 19 <u>53</u> , and that death occurred at <u>5:15 p.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>David L. Lewis</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>4/14/53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>4/17/53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mt Calvary Cem.</u>	
24D. LOCATION (City, town, or county) <u>Brooklyn Md.</u>					
DATE RECEIVED BY LOCAL REGISTRAR <u>APR 17 1953</u>		REGISTRAR'S SIGNATURE <u>William H. Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>Elroy D. Wilson 10700</u>	
VS 150		Brantly			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 362 53 3755		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 3755 Registered No.	
1. NAME OF DECEASED (Type or Print) <i>Rosa Featherstone</i>			2. DATE OF DEATH <i>Apr. 14-1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med Opler 4</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>33 JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 3-02</i>		
C. Length of stay in Baltimore <i>10 yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>1155 E. Lombard St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>3-4-21</i>	9. AGE (In years last birth day) <i>31</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		11. BIRTHPLACE (State or foreign country) <i>Bedford Co. Va</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			13. FATHER'S NAME <i>Stevens Haynes</i>		
14. MOTHER'S MAIDEN NAME <i>Ella Haynes</i>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		
18. <i>490x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>pneumococcal pneumonia LUL + LLL</i>			CAUSE OF DEATH (A) <i>pneumococcal pneumonia LUL + LLL</i> DUE TO (B) <i>---</i> DUE TO (C) <i>---</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>4-18</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? <i>---</i>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? <i>---</i>		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>---</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR? <i>---</i>					
22. I hereby certify that I attended the deceased from <i>4-13</i> , 19 <i>53</i> , to <i>4-14</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>4-14</i> , 19 <i>53</i> , and that death occurred at <i>11:45</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Richard J. Jones</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>15 Apr 53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>4/18/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>		24E. FUNERAL DIRECTOR <i>Elroy O. Wilson</i>		24F. ADDRESS <i>1100 Resister</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>---</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Elroy O. Wilson</i>	
VS 150					

Know all men by these presents, that I, Robert J. [illegible]

do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears from the records of the County of Dallas, State of Texas.

Witness my hand and seal of office this 11th day of April, 1922.

County Clerk

Notary Public

Notary Public

Notary Public

Notary Public

Notary Public

Notary Public

Notary Public

Notary Public

Notary Public

Notary Public

Notary Public

Notary Public

Robert J. [illegible]

22 Apr 22

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3756

BIRTH NO. 163 3756

1. NAME OF DECEASED
(Type or Print)

George W. Ebert

2. DATE
OF DEATH

4/5/53 3:15 P.M.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1027 Warden St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)
Balto.

D. STREET ADDRESS (If rural, give location)

1027 Warden St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

4/1/1885

9. AGE (In years

last birthday)

68

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Chas. Ebert

14. MOTHER'S MAIDEN NAME

Mary (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

218-10-0113

17. INFORMANT

ADDRESS

Florence Ebert 1027 Warden St.

1B.

442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Anemia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cardiovascular renal disease

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 28, 1952 to April 15, 1953, that I last saw the
deceased alive on April 15, 1953, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Jack J. Singer

M. D.

23B. ADDRESS

506 E. North Ave

23C. DATE SIGNED

4/16/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/18/53

24C. NAME OF CEMETERY OR CREMATORY

Balto

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

W. H. Cook Inc. 1217 St. Paul St.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

1. Name of Deceased: _____
2. Sex: _____
3. Age: _____
4. Date of Birth: _____
5. Place of Birth: _____
6. Date of Death: _____
7. Time of Death: _____
8. Cause of Death: _____
9. Place of Death: _____
10. Signature of Physician: _____
11. Signature of Registrar: _____

12. Signature of Medical Examiner: _____
13. Signature of Coroner: _____
14. Signature of Burial Officer: _____
15. Signature of Undertaker: _____
16. Signature of Funeral Home: _____
17. Signature of Cemetery: _____
18. Signature of Religious Society: _____
19. Signature of Other: _____
20. Signature of Other: _____
21. Signature of Other: _____
22. Signature of Other: _____
23. Signature of Other: _____
24. Signature of Other: _____
25. Signature of Other: _____
26. Signature of Other: _____
27. Signature of Other: _____
28. Signature of Other: _____
29. Signature of Other: _____
30. Signature of Other: _____

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3757

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Samuel W. Burgess

2. DATE
OF
DEATH

April 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

2035 N. Calvert Street

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

2035 N. Calvert Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov. 14, 1879

9. AGE (In years

last birthday)

73

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ret. Auto Dealer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ellicott City, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel F. Burgess

14. MOTHER'S MAIDEN NAME

Ella M. Walker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Karlie M. Burgess, 2035 N. Calvert St.

18. 162X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma Lung, Primary

6 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ WORK

NOT WHILE ☐ AT WORK

22. I hereby certify that I attended the deceased from November, 1952, to April 15, 1953, that I last saw the deceased alive on April 13, 1953, and that death occurred at 4 m., from the causes and on the date stated above.

23A. SIGNATURE

Memland Edward Day

23B. ADDRESS

4-E-3321st-18

23C. DATE SIGNED

April 17, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

4/18/53

24C. NAME OF CEMETERY OR CREMATORY

Prospect Hill Cemetery

24D. LOCATION (City, town, or county)

Towson,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

24m. Cook, Inc., 1217 St. Paul Street

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
CITY OF NEW YORK

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

NAME OF DECEASED

AGE

SEX

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

CHILDREN

PREVIOUS ILLNESS

PREVIOUS SURGERY

PREVIOUS TRAUMA

PREVIOUS DRUGS

PREVIOUS ALCOHOL

PREVIOUS TOBACCO

PREVIOUS OTHER

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3758

BIRTH NO. 416 3758

1. NAME OF DECEASED
(Type or Print)

ELIZABETH TALBERT

2. DATE
OF
DEATH

4/16/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Hampstead

D. STREET ADDRESS (If rural, give location)

5600

c. Length of stay in Baltimore

6 days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

3/5/98

9. AGE (In years last birthday)

55

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Michael A. Grimm

14. MOTHER'S MAIDEN NAME

Annie Seipp

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Nathan Talbert

ADDRESS

Hampstead Md.

18. 416x I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Pulmonary Embolism
DUE TO Cerebral Embolism
Congestive Failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Rheumatic Heart Disease
DUE TO E Atrial Fibrillation
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

22. I hereby certify that I attended the deceased from 4/10/53, 19__, to 4/16/53, 19__, that I last saw the deceased alive on 4/16/53, 19__, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

23A. SIGNATURE

D. Schilderger

23B. ADDRESS

Univ. Hosp

23C. DATE SIGNED

4/16

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/19/53

24C. NAME OF CEMETERY OR CREMATORY

Hampstead

24D. LOCATION (City, town, or county)

Carroll Co. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Odele C. Lipton

ADDRESS

Hampstead Md.

My name is

My name is

My name is

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 3760**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Irvin Cablik

2. DATE
OF
DEATH

Apr. 16, '53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

A. STATE

md.

B. COUNTY

Kent

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

Univ. Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Rural Galena, Md.

D. STREET ADDRESS (If rural, give location)

6400

C. Length of stay in Baltimore

16 DAYS

6. SEX

Male

7. COLOR OR RACE

Colored

8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

9. DATE OF BIRTH

Mar 4, 1888

10. AGE (In years last birthday)

65

11. Under 1 Year

Months: Days

12. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Porter

10B. KIND OF BUSINESS OR INDUSTRY

Hotel

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

Henry Caulk

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

lost

17. INFORMANT

Henna Davis 1943 Sharpswood, Phila. Pa.

18. *177X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Metastases to Spine

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Carcinoma Prostate over 1 yr

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2/12/53

19B. MAJOR FINDINGS OF OPERATION

Prostatic Ca Metastatic to Spine

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Apr 1, 1953* to *Apr 16, 1953* that I last saw the deceased alive on *Apr 15, 1953* and that death occurred at *10:25 a.m.* from the causes and on the date stated above.

23A. SIGNATURE

Lindeth Boken

23B. ADDRESS

Univ Hosp

23C. DATE SIGNED

4-17-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4-19-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cmty

24D. LOCATION (City, town, or county)

Galena, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Edward Fellows Melling, Md.

ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 3759

BIRTH NO. 53 3759

1. NAME OF DECEASED
(Type or Print)

Martin A. Zeiler

2. DATE
OF
DEATH

4-16-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto,

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE MD B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

204 S. Wolfe Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore, Maryland

D. STREET ADDRESS (If rural, give location)
204 S. Wolfe Street

c. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

12-16-73

9. AGE (In years last birthday)

79

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Livery Business

10B. KIND OF BUSINESS OR INDUSTRY

self employeed

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John Zeiler

14. MOTHER'S MAIDEN NAME

Katherine Dietz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Annie Zeiler 226 S. Wolfe Street

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic cardiac vascular disease

DUE TO

5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic bronchitis

DUE TO

15 yrs.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Sept 1952 to Apr. 16, 1953 that I last saw the deceased alive on Apr 15, 1953, and that death occurred at 4:15 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Geo. D. Lippert

M. D.

476 S. Patterson Pl. Bz

4/17/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4-20-53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

Lilly & Zeiler, Inc. 403 S. Wolfe Str.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 3761**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

J. Frank Deegan

2. DATE
OF
DEATH

April 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

630 E. 37th. Street

C. CITY OR TOWN (If outside corporate limits, with RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

630 E. 37th. St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 22, 1888

9. AGE (In years
last birthday)

64

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Insurance Agent

10B. KIND OF BUSINESS OR
INDUSTRY

Monumental Life

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Bernard Deegan

14. MOTHER'S MAIDEN NAME

Hannah Ford

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

216-09-7716

17. INFORMANT

ADDRESS

Mrs. Dora C. Deegan-630 E. 37th. St.

18. 162X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cancer, Bronchogenic

INTERVAL BETWEEN
ONSET AND DEATH

9 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1953, to 16 Apr, 1953, that I last saw the
deceased alive on 16 Apr, 1953, and that death occurred at 8:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John A. Moran

M. D.

23B. ADDRESS

3534 Ellerslie Ave

23C. DATE SIGNED

4/15/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/18/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John A. Moran - 3000 E. Baltimore St

Per N.B. Lewis

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3762**

BIRTH NO. **53 3762**

1. NAME OF DECEASED (Type or Print) BAXTER TESTER			2. DATE OF DEATH 4/16/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Howard		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Univ. Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) West Friendship, Md		
c. Length of stay in Baltimore 17 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) —		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2/13/13		9. AGE (in years last birthday) 39
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bottler		10B. KIND OF BUSINESS OR INDUSTRY Soft Drink	11. BIRTHPLACE (State or foreign country) North Carolina		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME David Tester			14. MOTHER'S MAIDEN NAME Ruian Rowrance		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ?	17. INFORMANT ADDRESS Mrs. Laura Tester, West Friendship, Md.		

18. 401.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Embolism		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Acute Rheumatic Endocarditis		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 4-20-53		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/15/53 , 19 53 , to 4/16/53 , 19 53 , that I last saw the deceased alive on 4/16/53 , 19 53 , and that death occurred at 11:45 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE A. Waldberger		23B. ADDRESS Univ. Hosp.		23C. DATE SIGNED 4/16	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-20-53		24C. NAME OF CEMETERY OR CREMATORY Oak Grove	
24D. LOCATION (City, town, or county) (State) Glenwood, Md.		25. FUNERAL DIRECTOR ADDRESS F.C. Higinbotham, Ellicott City, Md.			

VS 150

69046

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF TEXAS
COUNTY OF DALLAS
CITY OF DALLAS

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of said County, this _____ day of _____, 19____.

County Clerk

Notary Public

Witness

Witness

Witness

Witness

Witness

Witness

Witness

Witness

Witness

Witness

Witness

Witness

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3763
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MRS. ELIZABETH DALCIN			2. DATE OF DEATH 4-16-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital			C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Baltimore, Maryland		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 3918 Haywood Avenue (15)		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-25-1892		9. AGE (In years last birthday) 60
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Italy		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME Virgino Pietrobon			14. MOTHER'S MAIDEN NAME Louise Schiavone		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. No	17. INFORMANT ADDRESS Mr. Bruno Dalcin, 3918 Haywood Ave.		

18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized Carcinoma DUE TO Carcinoma Colon ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Generalized Carcinoma Carcinoma Colon	INTERVAL BETWEEN ONSET AND DEATH _____
--	--	--	---

MEDICAL CERTIFICATION

19A. DATE OF OPERATION 4-16-53		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-4-53 , to 4-16-53 that I last saw the deceased alive on 4-16-53 and that death occurred at 3:15 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Frank L. Grogan		23B. ADDRESS St. Agnes Hosp.		23C. DATE SIGNED 4-16-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 20, 1953		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery	
				24D. LOCATION (City, town, or county) (State) Pikesville, Md.	

DATE RECEIVED BY LOCAL REGISTRAR APR 17 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS E. Wilbur Lawrence 4510 Liberty Hgts. Ave.	
--	--	---	--	---	--

MARGIN RESERVED FOR BINDING

PLEASE PRINT FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
JAMES EARL RAY		35		M		W		APR 4 1968		MEMPHIS, TENN	
RESIDENCE		OCCUPATION		CAUSE OF DEATH		MANNER OF DEATH		CERTIFICATE NO.		FILE NO.	
312 E. 12th St. Memphis, Tenn		Attorney		Suicide		Homicide		100-443886		100-443886	
DATE OF BIRTH		PLACE OF BIRTH		EDUCATION		MARRIAGE		SIGNED		REGISTERED	
APR 11 1933		MEMPHIS, TENN		HIGH SCHOOL		MARRIED		JAMES EARL RAY		JAMES EARL RAY	
FATHER'S NAME		MOTHER'S NAME		FATHER'S OCCUPATION		MOTHER'S OCCUPATION		FATHER'S RESIDENCE		MOTHER'S RESIDENCE	
JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY	
FATHER'S DATE OF BIRTH		FATHER'S PLACE OF BIRTH		FATHER'S EDUCATION		FATHER'S MARRIAGE		FATHER'S SIGNED		FATHER'S REGISTERED	
APR 11 1933		MEMPHIS, TENN		HIGH SCHOOL		MARRIED		JAMES EARL RAY		JAMES EARL RAY	
MOTHER'S DATE OF BIRTH		MOTHER'S PLACE OF BIRTH		MOTHER'S EDUCATION		MOTHER'S MARRIAGE		MOTHER'S SIGNED		MOTHER'S REGISTERED	
APR 11 1933		MEMPHIS, TENN		HIGH SCHOOL		MARRIED		JAMES EARL RAY		JAMES EARL RAY	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3764**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Anne L. Magers

2. DATE
OF
DEATH

4/16/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore, 7. 28 44

D. STREET ADDRESS (If rural, give location)

5512 Haddon Avenue

B. FULL NAME OF HOSPITAL OR INSTITUTION

Bon Secours Hospital

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1/6/85

9. AGE (in years last birthday)

68 yrs

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

William Ashman

14. MOTHER'S MAIDEN NAME

Emma L. Thiede

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

No

17. INFORMANT

ADDRESS

Mrs. Francis Shetla, 5501 Haddon Ave.

18. *152X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Generalized Carcinomatosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Small intestine malignancy

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4-10*, 19*53* to *4-16*, 19*53* that I last saw the deceased alive on *April 16*, 19*53*, and that death occurred at *12* p.m., from the causes and on the date stated above.

23A. SIGNATURE

L. Nelson McKays

23B. ADDRESS

Bon Secours Hospital

23C. DATE SIGNED

April 16, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

April 18, 1953

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

24D. LOCATION (City, town, or county)

Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

W. H. Ellis

ADDRESS

4510 Liberty Heights Ave.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3765

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Ella May Wissmann

2. DATE
OF
DEATH

April 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2115 Christian St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2320 Frederick Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 5, 1885

9. AGE (in years
last birthday)

67 yrs

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Timothy B. Mitchell

14. MOTHER'S MAIDEN NAME

Annie E. Mann

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
No

17. INFORMANT

Mr. James R. Wissmann, 3510 Fairview Ave.
Milford Gardens

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Acute Coronary Occlusion
DUE TO

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-13-53, 19 to 4-16-53, 19, that I last saw the
deceased alive on 4.16, 1953, and that death occurred at 2.30A m., from the causes and on the date stated above.

23A. SIGNATURE

Nathan Racusin

M. O.

23B. ADDRESS

206 S. Gilmore St.

23C. DATE SIGNED

4-17-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Apr. 20, 1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 17 1953

Huntington Williams

Ellis Amosau

4510 Liberty
Heights Ave.

8000 10

0000 10



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3766**

BIRTH NO. **560 3766**

1. NAME OF DECEASED
(Type or Print)

GEORGE C. BENNER

2. DATE
OF
DEATH

4/16/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland **SINAI HOSPITAL**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
SINAI HOSPITAL OF BALTO MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

o. STREET ADDRESS (If rural, give location)

907 Wildwood Pkwy.

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married.

8. DATE OF BIRTH

3/28/1923

9. AGE (In years last birthday)

30

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Accountant

10B. KIND OF BUSINESS OR INDUSTRY

Donut Mfg.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Paul A. Benner

14. MOTHER'S MAIDEN NAME

Marie Mahle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

-yes

World - No. 2

16. SOCIAL SECURITY NO.

17. INFORMANT

Mr. Paul E. Benner - 2617 Larchmont Dr.

ADDRESS

18. **158X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

CARCINOMATOSIS.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

January 1953.

19B. MAJOR FINDINGS OF OPERATION

Benign Carcinomatosis

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April 10th 1953** to **April 16th 1953**, that I last saw the deceased alive on **April 16th 1953** and that death occurred at **9:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

J. Tankowsky

M. O.

23B. ADDRESS

SINAI HOSPITAL

23C. DATE SIGNED

4/16/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/20/53

24C. NAME OF CEMETERY OR CREMATORY

Balto. National

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. J. Pickner & Sons

ADDRESS

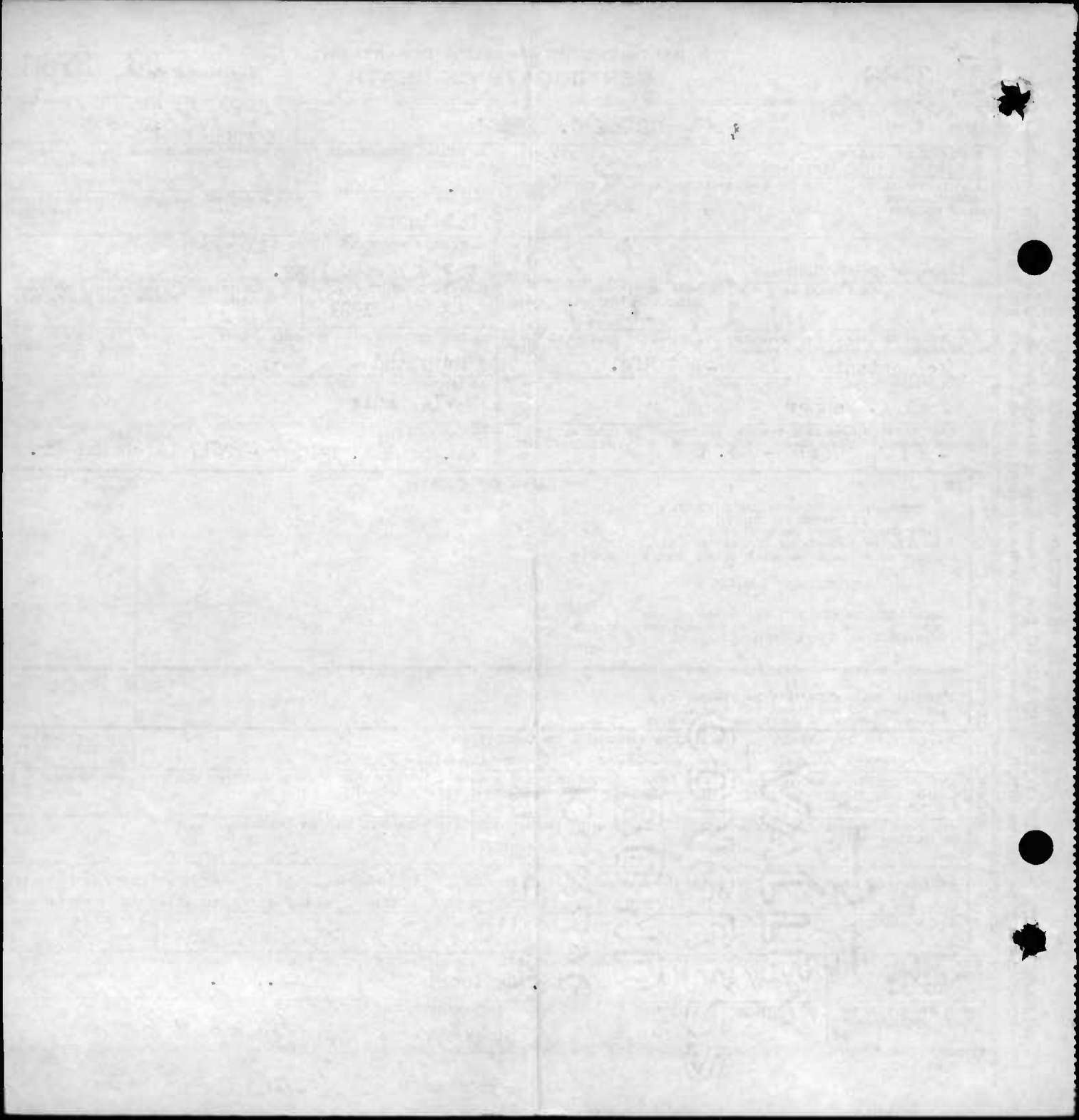
Balto 17, Md.

VS 150

00044

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3767
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IDA P. SCHAFFER

2. DATE
OF
DEATH

April 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2701 Beethoven Ave.

D. STREET ADDRESS (If rural, give location)

2701 Beethoven Ave.

C. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Sept. 11, 1872

9. AGE (In years last birthday)

80

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Edward Ritzius

14. MOTHER'S MAIDEN NAME

Ellen Seymour

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

ADDRESS

Ave

Mr. William T. Schaffer-4703 Hazelwood

18. 450.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Terminal pneumonia

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Myocardial failure

4 days

(C)

arterio-sclerosis

? yrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-11-53, to 4/15/53, 19, that I last saw the deceased alive on 4/14/53, 19, and that death occurred at 150 P. M., from the causes and on the date stated above.

23A. SIGNATURE

H. Harper

23B. ADDRESS

5201 Loyne Oak Ave

23C. DATE SIGNED

4/16/53

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

4/18/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. J. Pickner & Sons

ADDRESS

Balto 17, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE TYPE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

CAUSE OF DEATH

MANNER OF DEATH

PLACE OF BURIAL

DATE OF BURIAL

NAME OF FUNERAL HOME

NAME OF MINISTER

NAME OF CLERGYMAN

NAME OF CHURCH

NAME OF CEMETERY

NAME OF INTERVIEWER

NAME OF REGISTRAR

NAME OF CLERK

NAME OF ASSISTANT

NAME OF OFFICIAL

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3768**

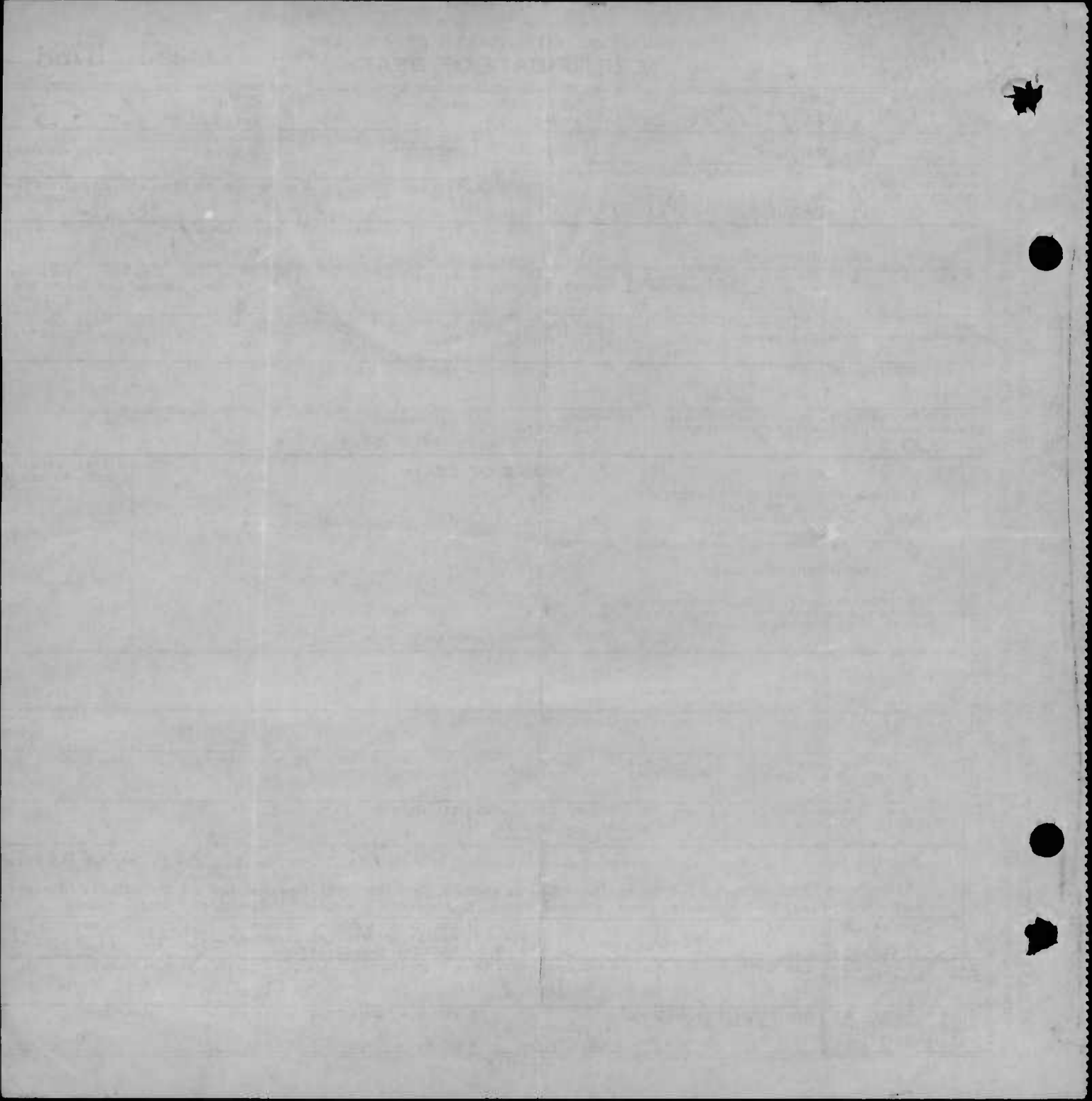
BIRTH NO. **15-200**
18-4230

1. NAME OF DECEASED (Type or Print) FRANCES KESKA (Kerka)			2. DATE OF DEATH 4-16-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 624 N. Streeper			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.		
c. Length of stay in Baltimore 60 Yrs. Mo. Days			D. STREET ADDRESS (If rural, give location) 624 N. Streeper St.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-15-1875	9. AGE (In years last birthday) 78	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Czechoslovakia		12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Frank Keska 624 N. Streeper St.		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic			CAUSE OF DEATH Cardiovascular Disease			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			DUE TO (B) Cardiovascular Disease			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			DUE TO (C)			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an Inquiry + Inspection and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .						
23A. SIGNATURE Francis J. Januszewski		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 4-16-53		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4-20-53	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	24D. LOCATION (City, town, or county) (State) Baltimore, Md.			
DATE RECEIVED BY LOCAL REGISTRAR APR 17 1953	REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS Philip E. Groch 2716 E. Monument St.			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 3769

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Bertie Irene Riewer2. DATE
OF
DEATHApril 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Lutheran Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore - City

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Lutheran Hospital
730 Ashbuston St. Baltimore Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 28-31

c. Length of stay in Baltimore

13 Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5450 Lynview Ave.

5. SEX

female

6. COLOR OR RACE

white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)married

8. DATE OF BIRTH

April 7, 18969. AGE (In years
last birthday)57If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)housewife10B. KIND OF BUSINESS OR
INDUSTRYown home

11. BIRTHPLACE (State or foreign country)

West Virginia12. CITIZEN OF
WHAT COUNTRY?U. S. A.

13. FATHER'S NAME

William J. Johnson

14. MOTHER'S MAIDEN NAME

Aunt Harris15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)no16. SOCIAL
SECURITY NO.17. INFORMANT hospital records
Lutheran Hospital, Baltimore Md.18. 420.0DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

dissecting aneurysma
of the Aorta

DUE TO

INTERVAL BETWEEN
ONSET AND DEATHone day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

hypertensive arteriosclerotic
heart diseasefour years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1953 to April 15, 1953, that I last saw the
deceased alive on April 15, 1953, and that death occurred at 6:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Samuel

M. D.

23B. ADDRESS

1201 Poplar Lane St

23C. DATE SIGNED

4-16-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

4-18-1953

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge Mem. Park

24D. LOCATION (City, town, or county)

Elkridge,

(State)

Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

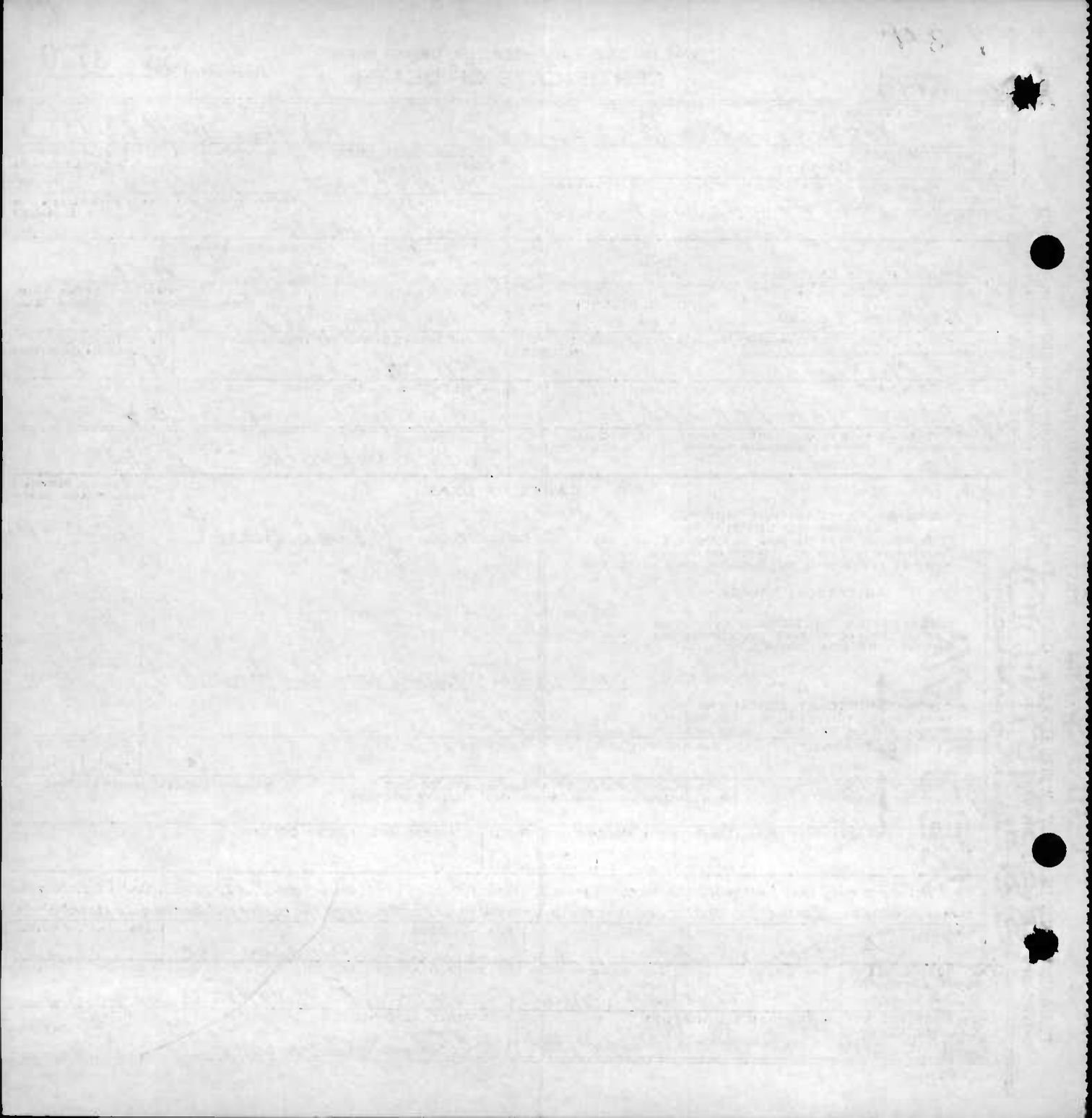
G. Howard Strong 3207 W. North Ave.,

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3770**

1. NAME OF DECEASED (Type or Print) NORA VIVIEN BARTLEY		2. DATE OF DEATH April 17, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2819 FREDERICK AVE.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 20-06	
C. Length of stay in Baltimore 3 yrs.		D. STREET ADDRESS (If rural, give location) 2819 FREDERICK AVE.	
5. SEX FEMALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9-11-1896
9. AGE (In years, last birthday) 56		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Post Mistress		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) BURRHILL		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME NATHAN TIM BERLAKE		14. MOTHER'S MAIDEN NAME SARAH E. TINSLEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT IRVIN R. JOHNSON		ADDRESS 2819 Frederick Ave.	

18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carcinoma of Right Breast DUE TO		INTERVAL BETWEEN ONSET AND DEATH 16 MOS 8 DAYS
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) Hypertensive Cardio-Vascular disease. DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from May 21, 1951 , to April 17, 1953 , that I last saw the deceased alive on April 17, 1953 , and that death occurred at 3:28 P.m. , from the causes and on the date stated above.		
23A. SIGNATURE Paul R. Ziegler	23B. ADDRESS 3723 Edmondson Ave	23C. DATE SIGNED 4/17/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4-19-1953	24C. NAME OF CEMETERY OR CREMATORY OAKHILL CEMETERY
24D. LOCATION (City, town, or county) FREDERICKSBURG VA.		25. FUNERAL DIRECTOR E. Truman Schuch
DATE RECEIVED BY LOCAL REGISTRAR APR 18 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.
ADDRESS 3512 Frederick Ave.		



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3771**

53 3771
BIRTH NO.

1. NAME OF DECEASED (Type or Print) PETER MACALUSO			2. DATE OF DEATH APRIL 17, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTO., MARYLAND			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY ANNAPOLIS		
B. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ANNAPOLIS		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 125 MARKET ST. E210		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12/16/1896	9. AGE (in years last birthday) 56	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INT. REV. AGENT		10B. KIND OF BUSINESS OR INDUSTRY Gov. SERVICE	11. BIRTHPLACE (State or foreign country) ANNAPOLIS, MD.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME PETER MACALUSO			14. MOTHER'S MAIDEN NAME ROBERTA MACALUSO		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY VASCULAR DISEASE	CAUSE OF DEATH (A) CORONARY VASCULAR DISEASE DUE TO (B) _____ DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 17 , 19 53 , to April 17 , 19 53 , that I last saw the deceased alive on April 17 , 19 53 , and that death occurred at 5:20 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Victoria L. Palarea		23B. ADDRESS Theresa Hospital		23C. DATE SIGNED 4/17/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 4-21-1953		24C. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	
24D. LOCATION (City, town, or county) (State) Annepolis Md.					
DATE RECEIVED BY LOCAL REGISTRAR APR 18 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR John M. Taylor Son	
				ADDRESS Annapolis md.	

MARGIN RESERVED FOR BINDING

PLEASE PRINT FULLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3772
Registered No. _____

53 3772
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Rebecca Brown</i>			2. DATE OF DEATH <i>April 15/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>1015 N. Caroline St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>7-04</i>		
c. Length of stay in Baltimore <i>Life</i> Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>1015 N. Caroline St</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Caucas</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>March 4, 1907</i>	9. AGE (In years last birthday) <i>46</i>	10. Under 1 Year Months _____ Days _____ 11. Under 24 Hours Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>
13. FATHER'S NAME <i>Isiah Hatchett</i>			14. MOTHER'S MAIDEN NAME <i>Mamie Williams</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>James Brown 1015 N. Caroline St</i>		

18. <i>442X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cardio-Vascular-Renal Disease</i>		CAUSE OF DEATH <i>Cardio-Vascular-Renal Disease</i>	INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
DUE TO		(B) _____	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO	
(C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Dec 8</i> , 19 <i>52</i> , to <i>April 15</i> , 19 <i>53</i> that I last saw the deceased alive on <i>April 15</i> , 19 <i>53</i> , and that death occurred at <i>5 P.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS <i>1202 N. Caroline St</i>		23C. DATE SIGNED <i>7/16/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>April 18/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>A. A. County Md.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Mrs. Ruth R. Elliott & Daughter</i> <i>1129 N. Caroline St.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 18 1953</i>		REGISTRAR'S SIGNATURE <i>H. E. Williams</i>			

PLEASE PRINT PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

DATE

TIME

PLACE

CAUSE

MANNER

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

US BIRTH

DATE OF BIRTH

PLACE OF BIRTH

US CITIZENSHIP

DATE OF CITIZENSHIP

PLACE OF CITIZENSHIP

DATE OF DEATH

PLACE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

DATE OF CREMATION

PLACE OF CREMATION

DATE OF INTERMENT

PLACE OF INTERMENT

DATE OF REINTERMENT

PLACE OF REINTERMENT

DATE OF EXHUMATION

PLACE OF EXHUMATION

DATE OF REINTERMENT

PLACE OF REINTERMENT

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-200
58 13773BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3773

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Richard RICHARD McKOY McKoy</i>		2. DATE OF DEATH <i>8-16-53</i> Apr. 16, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Balto City Morgue</i> Baltimore City Morgue		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Balto Baltimore</i>			
c. Length of stay in Baltimore <i>17 yrs.</i>		D. STREET ADDRESS (If rural, give location), <i>1004 N. Chester</i> 1004 N. Chester St.			
5. SEX <i>M</i> Male	6. COLOR OR RACE <i>Col</i> Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Dec 24 1917</i>	9. AGE (in years, last birthday) <i>35</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Steelworker Bethlehem Steel Co.</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>N.C.</i>	
13. FATHER'S NAME <i>Unknown</i>		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>yes</i>		16. SOCIAL SECURITY NO. <i>2</i>		17. INFORMANT ADDRESS <i>Mary McKoy, 1004 N. Chester St.</i>	
18. <i>E929.8</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Drowning (found drowned)</i>		(A) DUE TO			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>harbor</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>Found in water at foot of East Falls Ave.</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>Found Apr. 16, 1953 1:00 P.M.</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>Found drowned</i>	
22. I certify that I took charge of the remains described above, held an <u>partial autopsy</u> thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>R. Fisher</i>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <i>April 16, 1953</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>April 18/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>A. A. County Md.</i>		24E. FUNERAL DIRECTOR <i>Mr. Robert A. Elliott & Daughters</i>		24F. ADDRESS <i>1129 N. Carroll St.</i>	

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3774
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gertrude Marie George

2. DATE
OF
DEATH

4-15-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *MD.* B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

342 E. 25th St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)
342 E. 25th St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) Months Days If Under 1 Year If Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John A. O'Wiley

14. MOTHER'S MAIDEN NAME

Julia Hamilton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Dan O'Wiley, 342 E. 25th St.

19. *420.0*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Intermittent Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

5 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertension

10 years.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1948*, 19, to *4/15*, 19*53* that I last saw the deceased alive on *2/7*, 19*53* and that death occurred at *m.*, from the causes and on the date stated above.

23A. SIGNATURE

Sol Smith

23B. ADDRESS

1223 E. North Ave

23C. DATE SIGNED

4/17/53

24A. FUNERAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

REPUBLIC OF THE PHILIPPINES
OFFICE OF THE SECRETARY OF DEFENSE

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 3775**BIRTH NO. **53 3775**

1. NAME OF DECEASED (Type or Print) <i>Elizabeth Platt Jencks</i>			2. DATE OF DEATH <i>Apr 16 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1 W Mt Vernon Place</i>			C. CITY OR TOWN (If outside corporate limits, write in U.S.A. and give township) <i>Baltimore 11-02</i>		
c. Length of stay in Baltimore <i>60 yrs. Most Days</i>			D. STREET ADDRESS (If rural, give location) <i>1 W Mt Vernon Place</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widow</i>	8. DATE OF BIRTH <i>Oct 2 1865</i>		9. AGE (In years last birthday) <i>87</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>✓</i>	11. BIRTHPLACE (State or foreign country) <i>New York</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>John H Platt</i>			14. MOTHER'S MAIDEN NAME <i>Mary Cheney</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Mr F M Jencks 1 W Mt Vernon Pl.</i>		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>420.1 and 180 X</i>			CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES			(A) <i>Pulmonary edema & congestion</i>		<i>15 mins.</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			DUE TO <i>arterio sclerosis (gen.)</i>		
			(B) <i>coronary sclerosis & myocardial degeneration.</i>		
			(C) <i>Anaemia secondary to infected hyponephrosis L. kidney</i>		
			(C) <i>Infiltrating neoplasm of L. kidney</i>		<i>Unknown</i>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>March 1947</i> to <i>April 16</i> , 1953, that I last saw the deceased alive on <i>April 15</i> , 1953, and that death occurred at <i>5:30</i> A.M., from the causes and on the date stated above.					
23A. SIGNATURE <i>Charlotte McLaughlin M.D.</i>		23B. ADDRESS <i>Medical Arts Bldg. Baltimore</i>		23C. DATE SIGNED <i>April 16 1953</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Apr 18/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Green Mount</i>	
				24D. LOCATION (City, town, or county) (State) <i>Balt., Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 18 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>W. J. Jenkins & Sons Co</i>	
				ADDRESS <i>4905 York Rd.</i>	

B1. Charlotte M. Caathy
618 Med Arts Bldg
Ve 0288

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

<p>BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH</p>		<p>Registered No. 53 3776</p>	
<p>BIRTH NO. 53 3776</p>			
<p>1. NAME OF DECEASED (Type or Print) HOWARD M. SHAFFER</p>		<p>2. DATE OF DEATH April 17, 1953</p>	
<p>3. PLACE OF DEATH: A. Baltimore City, Maryland</p>		<p>4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY</p>	
<p>B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital</p>		<p>C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore</p>	
<p>c. Length of stay in Baltimore 2 Yrs. Mos. Days</p>		<p>D. STREET ADDRESS (If rural, give location) 14 E. Lanvale Street</p>	
<p>5. SEX Male</p>	<p>6. COLOR OR RACE White</p>	<p>7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) ---</p>	<p>8. DATE OF BIRTH MAR 19 1909</p>
<p>10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TIRE & BATTERY REPAIR. TIRES</p>		<p>11. BIRTHPLACE (State or foreign country) ELKINS W. VA.</p>	
<p>10B. KIND OF BUSINESS OR INDUSTRY</p>		<p>12. CITIZEN OF WHAT COUNTRY? yes</p>	
<p>13. FATHER'S NAME WILLIAM M. Shaffer</p>		<p>14. MOTHER'S MAIDEN NAME CORA M. WARNER</p>	
<p>15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no</p>		<p>16. SOCIAL SECURITY NO.</p>	
<p>17. INFORMANT Richard Shaffer</p>		<p>ADDRESS</p>	
<p>18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease (A)</p>		<p>INTERVAL BETWEEN ONSET AND DEATH</p>	
<p>ANTECEDENT CAUSES (B) Coronary occlusion</p>			
<p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)</p>			
<p>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>			
<p>19A. DATE OF OPERATION</p>		<p>19B. MAJOR FINDINGS OF OPERATION</p>	
<p>20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>			
<p>21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.</p>		<p>21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)</p>	
<p>21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)</p>			
<p>21D. TIME (Month) (Day) (Year) (Hour) OF INJURY</p>		<p>21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	
<p>21F. HOW DID INJURY OCCUR?</p>			
<p>22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/>, accident <input type="checkbox"/>, suicide <input type="checkbox"/>, homicide <input type="checkbox"/>, undetermined <input type="checkbox"/>.</p>			
<p>23A. SIGNATURE <i>William M. Shaffer</i></p>		<p>23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR</p>	
<p>23C. DATE SIGNED April 17, 1953</p>			
<p>24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL</p>		<p>24B. DATE APR 20 53</p>	
<p>24C. NAME OF CEMETERY OR CREMATORY MAPLE WOOD CEM</p>		<p>24D. LOCATION (City, town, or county) (State) ELKINS W VA</p>	
<p>DATE RECEIVED BY LOCAL REGISTRAR APR 18 1953</p>		<p>25. FUNERAL DIRECTOR Chas R Towell</p>	
<p>REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i></p>		<p>ADDRESS Windmill Rd</p>	
<p>V S 151 69083</p>			

RECEIVED THE SECRETARY OF THE
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DEPARTMENT OF COMMERCE

K-400
53 3777BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3777
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Joseph Kelly

2. DATE
OF
DEATH

April 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Halper Room

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Md. B. COUNTY 7-65

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 5

D. STREET ADDRESS (If rural, give location)

727 N. Broadway

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

7- - 1888

9. AGE (in years last birthday)

64

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Electrician

10B. KIND OF BUSINESS OR INDUSTRY

John Hopkins Hosp.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

J. J. Kelly

14. MOTHER'S MAIDEN NAME

Harp.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 150X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma of esophagus

3-4 mo.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

empyema of thorax

19A. DATE OF OPERATION

4.5.53

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

Ca esophagus

IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-28-1953 to 4-18-1953, that I last saw the deceased alive on 4-18-1953, and that death occurred at 1:20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

B. N. Carter II

23B. ADDRESS

M. D.

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

4.18.53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4.22/53

24C. NAME OF CEMETERY OR CREMATORY

Cumberland

24D. LOCATION (City, town, or county)

Cumberland Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

ADD: 212

Huntington Williams M. D.

212 S. E. 2503 Edmond

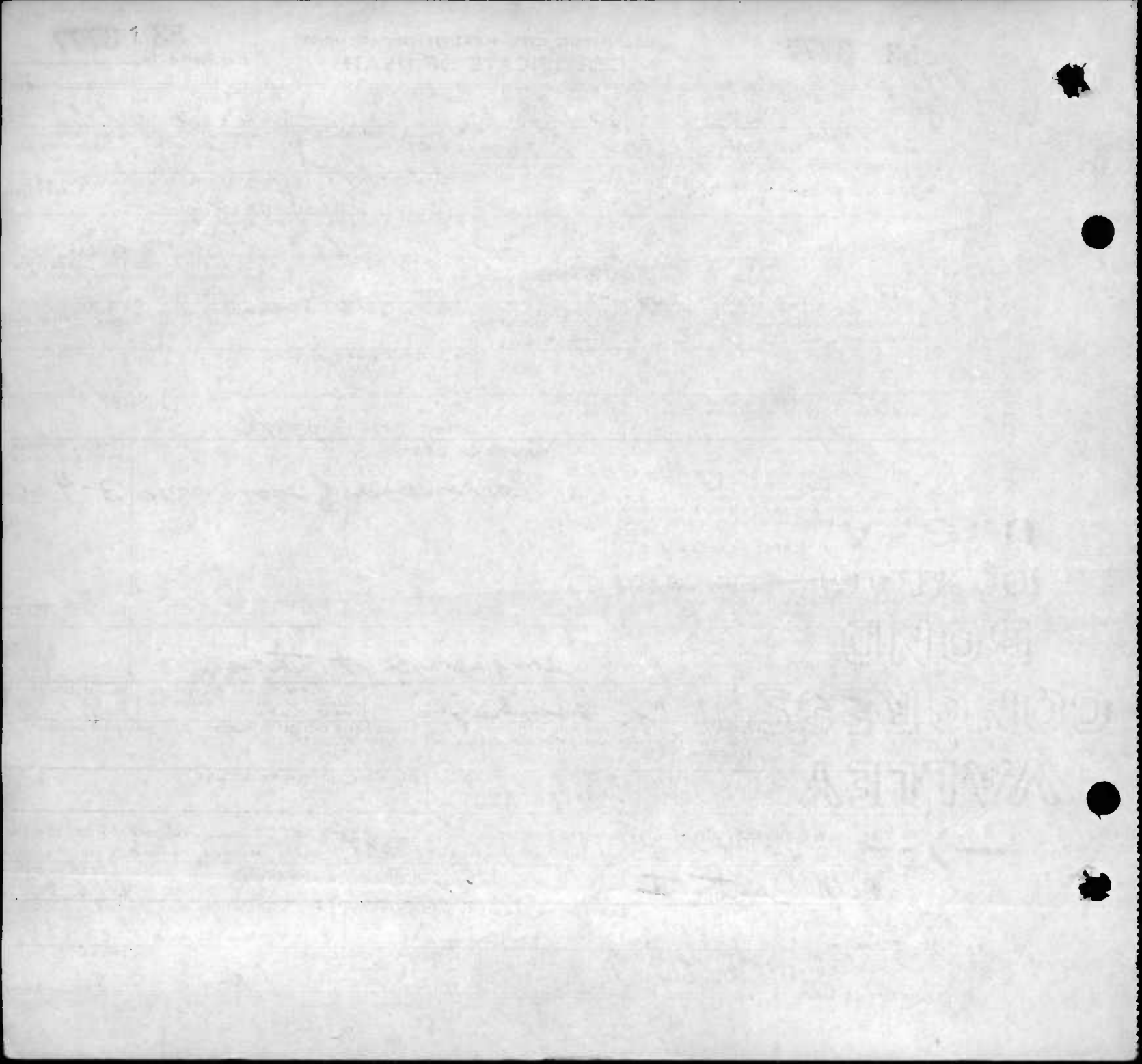
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



W-614
53 3778BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3778

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Salomon Warfield*2. DATE
OF
DEATH*4-17-53*3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE*MD*

B. COUNTY

*16-04*B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE*Mercy Hospital*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

*2003 Raynor Ave**RAYNEOR*

c. Length of stay in Baltimore

*Life*Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

*C*7. SINGLE (MARRIED)
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

4-23-1914

9. AGE (In years last birthday)

*38*If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bus Driver

10B. KIND OF BUSINESS OR INDUSTRY

Transportation

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

George Whims

14. MOTHER'S MAIDEN NAME

Madie Warfield

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

Mercy Hosp Records

ADDRESS

*Barto. rd.*18. *758.6*DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Medullary compression due to fracture of transverse process of C-7 vertebra through foramen magnum

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4-8*, 1953, to *4-17*, 1953, that I last saw the deceased alive on *4-17*, 1953, and that death occurred at *6:55* p. m., from the causes and on the date stated above.

23A. SIGNATURE

Charles R. Ireland

23B. ADDRESS

Mercy Hosp

23C. DATE SIGNED

4-17-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/21/53

24C. NAME OF CEMETERY OR CREMATORY

Union M. E. Cemetery

24D. LOCATION (City, town, or county)

aberdien, maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Henry Tarring and Sons

ADDRESS

625 51. aberdien, md.

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1978

1978

1978

DATE OF DEATH

1. Name of Deceased: [illegible]
2. Sex: [illegible]
3. Age: [illegible]
4. Date of Birth: [illegible]
5. Place of Birth: [illegible]
6. Usual Residence: [illegible]
7. Date of Admission to Hospital: [illegible]
8. Date of Discharge: [illegible]
9. Date of Death: [illegible]
10. Place of Death: [illegible]
11. Cause of Death: [illegible]
12. Immediate Cause: [illegible]
13. Underlying Cause: [illegible]
14. Contributing Cause: [illegible]
15. Manner of Death: [illegible]
16. Physician's Signature: [illegible]
17. Date: [illegible]
18. Hospital/Physician's Office: [illegible]
19. County: [illegible]
20. State: [illegible]

21. Name of Informant: [illegible]
22. Relationship to Deceased: [illegible]
23. Informant's Signature: [illegible]
24. Date: [illegible]
25. Informant's Address: [illegible]
26. Informant's Telephone: [illegible]
27. Informant's Occupation: [illegible]
28. Informant's Education: [illegible]
29. Informant's Marital Status: [illegible]
30. Informant's Race: [illegible]
31. Informant's Ethnicity: [illegible]
32. Informant's Religion: [illegible]
33. Informant's Political Party: [illegible]
34. Informant's Social Security Number: [illegible]
35. Informant's Driver's License Number: [illegible]
36. Informant's Vehicle Registration Number: [illegible]
37. Informant's Voter Registration Number: [illegible]
38. Informant's Property Tax Assessor's Office: [illegible]
39. Informant's County Clerk's Office: [illegible]
40. Informant's State Capitol: [illegible]
41. Informant's U.S. House of Representatives: [illegible]
42. Informant's U.S. Senate: [illegible]
43. Informant's California State Assembly: [illegible]
44. Informant's California State Senate: [illegible]
45. Informant's California State Board of Equalization: [illegible]
46. Informant's California State Board of Education: [illegible]
47. Informant's California State Board of Prison and Prisoners: [illegible]
48. Informant's California State Board of Corrections: [illegible]
49. Informant's California State Board of Health: [illegible]
50. Informant's California State Board of Social Services: [illegible]
51. Informant's California State Board of Community Development: [illegible]
52. Informant's California State Board of Environmental Protection: [illegible]
53. Informant's California State Board of Agriculture: [illegible]
54. Informant's California State Board of Forestry: [illegible]
55. Informant's California State Board of Fish and Game: [illegible]
56. Informant's California State Board of Pesticide Regulation: [illegible]
57. Informant's California State Board of Food and Drug: [illegible]
58. Informant's California State Board of Alcohol and Tobacco: [illegible]
59. Informant's California State Board of Gambling: [illegible]
60. Informant's California State Board of Lotteries: [illegible]
61. Informant's California State Board of Casinos: [illegible]
62. Informant's California State Board of Horse Racing: [illegible]
63. Informant's California State Board of Jockey Club: [illegible]
64. Informant's California State Board of Thoroughbred Racing: [illegible]
65. Informant's California State Board of Harness Racing: [illegible]
66. Informant's California State Board of Quarter Horse Racing: [illegible]
67. Informant's California State Board of Arabian Horse Racing: [illegible]
68. Informant's California State Board of Standardbred Racing: [illegible]
69. Informant's California State Board of Saddlebred Racing: [illegible]
70. Informant's California State Board of Trotting and Harness Racing: [illegible]
71. Informant's California State Board of Thoroughbred and Standardbred Racing: [illegible]
72. Informant's California State Board of Quarter Horse and Arabian Horse Racing: [illegible]
73. Informant's California State Board of Saddlebred and Trotting and Harness Racing: [illegible]
74. Informant's California State Board of Thoroughbred, Standardbred, Quarter Horse and Arabian Horse Racing: [illegible]
75. Informant's California State Board of Trotting and Harness, Thoroughbred and Standardbred, Quarter Horse and Arabian Horse Racing: [illegible]
76. Informant's California State Board of Thoroughbred, Standardbred, Quarter Horse and Arabian Horse, Trotting and Harness Racing: [illegible]
77. Informant's California State Board of Trotting and Harness, Thoroughbred, Standardbred, Quarter Horse and Arabian Horse Racing: [illegible]
78. Informant's California State Board of Thoroughbred, Standardbred, Quarter Horse and Arabian Horse, Trotting and Harness, Saddlebred Racing: [illegible]
79. Informant's California State Board of Trotting and Harness, Thoroughbred, Standardbred, Quarter Horse and Arabian Horse, Saddlebred Racing: [illegible]
80. Informant's California State Board of Thoroughbred, Standardbred, Quarter Horse and Arabian Horse, Trotting and Harness, Saddlebred and Trotting and Harness Racing: [illegible]
81. Informant's California State Board of Trotting and Harness, Thoroughbred, Standardbred, Quarter Horse and Arabian Horse, Saddlebred and Trotting and Harness Racing: [illegible]
82. Informant's California State Board of Thoroughbred, Standardbred, Quarter Horse and Arabian Horse, Trotting and Harness, Saddlebred and Trotting and Harness Racing: [illegible]
83. Informant's California State Board of Trotting and Harness, Thoroughbred, Standardbred, Quarter Horse and Arabian Horse, Saddlebred and Trotting and Harness Racing: [illegible]
84. Informant's California State Board of Thoroughbred, Standardbred, Quarter Horse and Arabian Horse, Trotting and Harness, Saddlebred and Trotting and Harness Racing: [illegible]
85. Informant's California State Board of Trotting and Harness, Thoroughbred, Standardbred, Quarter Horse and Arabian Horse, Saddlebred and Trotting and Harness Racing: [illegible]
86. Informant's California State Board of Thoroughbred, Standardbred, Quarter Horse and Arabian Horse, Trotting and Harness, Saddlebred and Trotting and Harness Racing: [illegible]
87. Informant's California State Board of Trotting and Harness, Thoroughbred, Standardbred, Quarter Horse and Arabian Horse, Saddlebred and Trotting and Harness Racing: [illegible]
88. Informant's California State Board of Thoroughbred, Standardbred, Quarter Horse and Arabian Horse, Trotting and Harness, Saddlebred and Trotting and Harness Racing: [illegible]
89. Informant's California State Board of Trotting and Harness, Thoroughbred, Standardbred, Quarter Horse and Arabian Horse, Saddlebred and Trotting and Harness Racing: [illegible]
90. Informant's California State Board of Thoroughbred, Standardbred, Quarter Horse and Arabian Horse, Trotting and Harness, Saddlebred and Trotting and Harness Racing: [illegible]
91. Informant's California State Board of Trotting and Harness, Thoroughbred, Standardbred, Quarter Horse and Arabian Horse, Saddlebred and Trotting and Harness Racing: [illegible]
92. Informant's California State Board of Thoroughbred, Standardbred, Quarter Horse and Arabian Horse, Trotting and Harness, Saddlebred and Trotting and Harness Racing: [illegible]
93. Informant's California State Board of Trotting and Harness, Thoroughbred, Standardbred, Quarter Horse and Arabian Horse, Saddlebred and Trotting and Harness Racing: [illegible]
94. Informant's California State Board of Thoroughbred, Standardbred, Quarter Horse and Arabian Horse, Trotting and Harness, Saddlebred and Trotting and Harness Racing: [illegible]
95. Informant's California State Board of Trotting and Harness, Thoroughbred, Standardbred, Quarter Horse and Arabian Horse, Saddlebred and Trotting and Harness Racing: [illegible]
96. Informant's California State Board of Thoroughbred, Standardbred, Quarter Horse and Arabian Horse, Trotting and Harness, Saddlebred and Trotting and Harness Racing: [illegible]
97. Informant's California State Board of Trotting and Harness, Thoroughbred, Standardbred, Quarter Horse and Arabian Horse, Saddlebred and Trotting and Harness Racing: [illegible]
98. Informant's California State Board of Thoroughbred, Standardbred, Quarter Horse and Arabian Horse, Trotting and Harness, Saddlebred and Trotting and Harness Racing: [illegible]
99. Informant's California State Board of Trotting and Harness, Thoroughbred, Standardbred, Quarter Horse and Arabian Horse, Saddlebred and Trotting and Harness Racing: [illegible]
100. Informant's California State Board of Thoroughbred, Standardbred, Quarter Horse and Arabian Horse, Trotting and Harness, Saddlebred and Trotting and Harness Racing: [illegible]

B-400
53 3779BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3779
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Beatrice V. Beil

2. DATE
OF
DEATH

4/16/1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Yes

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Baltimore *Maryland BALTO. CO.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore - CATONSVILLE

D. STREET ADDRESS (If rural, give location)

351 Whitfield Road, Balto-28-Md. 5352

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9/1/1904

9. AGE (In years
last birthday)

48

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

Albert Farsht

14. MOTHER'S MAIDEN NAME

Lucy Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

George J. Beil, 351 Whitfield Rd.

18. 296x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

DUE TO

Peripheral Vascular Collapse 4 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Splenic Ectasy
(C) Idiopathic Thrombocytopenic PurpuraII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

4-16-53

19B. MAJOR FINDINGS OF OPERATION

Accessory spleen - Idiopathic Thrombocytopenic Purpura

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-24, 1953, to 4-16, 1953, that I last saw the
deceased alive on 4-16, 1953 and that death occurred at 11 p. m., from the causes and on the date stated above.

23A. SIGNATURE

George J. Beil

23B. ADDRESS

Bon Secours Hospital

23C. DATE SIGNED

4-16-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

4-20-53

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cem.

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

George A. Faily - Catonsville, Md.



Dr. Hudson - Mod. Exam Case
53 Room 3780

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3780

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Alfred Clifford		2. DATE OF DEATH APR 13 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland One Room		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, 15-04			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 2007 McKean Ave.			
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Nov. 18, 1874	9. AGE (In years, last birthday) 78	10. UNDER 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) Butler		10B. KIND OF BUSINESS OR INDUSTRY Dom. Family		11. BIRTHPLACE (State or foreign country) Haward Cr. Md.	
13. FATHER'S NAME Alfred Clifford, Sr.		14. MOTHER'S MAIDEN NAME Marcella Hughes		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Intracerebral hemorrhage 4 hr.	
ANTECEDENT CAUSES		DUE TO Hypertensive cardiovascular disease	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO	
		(C)	

II OTHER SIGNIFICANT CONITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.	
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19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **4-17-1953** to **4-18-1953**, that I last saw the deceased alive on **4-18-1953**, and that death occurred at **12:45 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE Thomas Franklin Williams, M.D.	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 4/18/53
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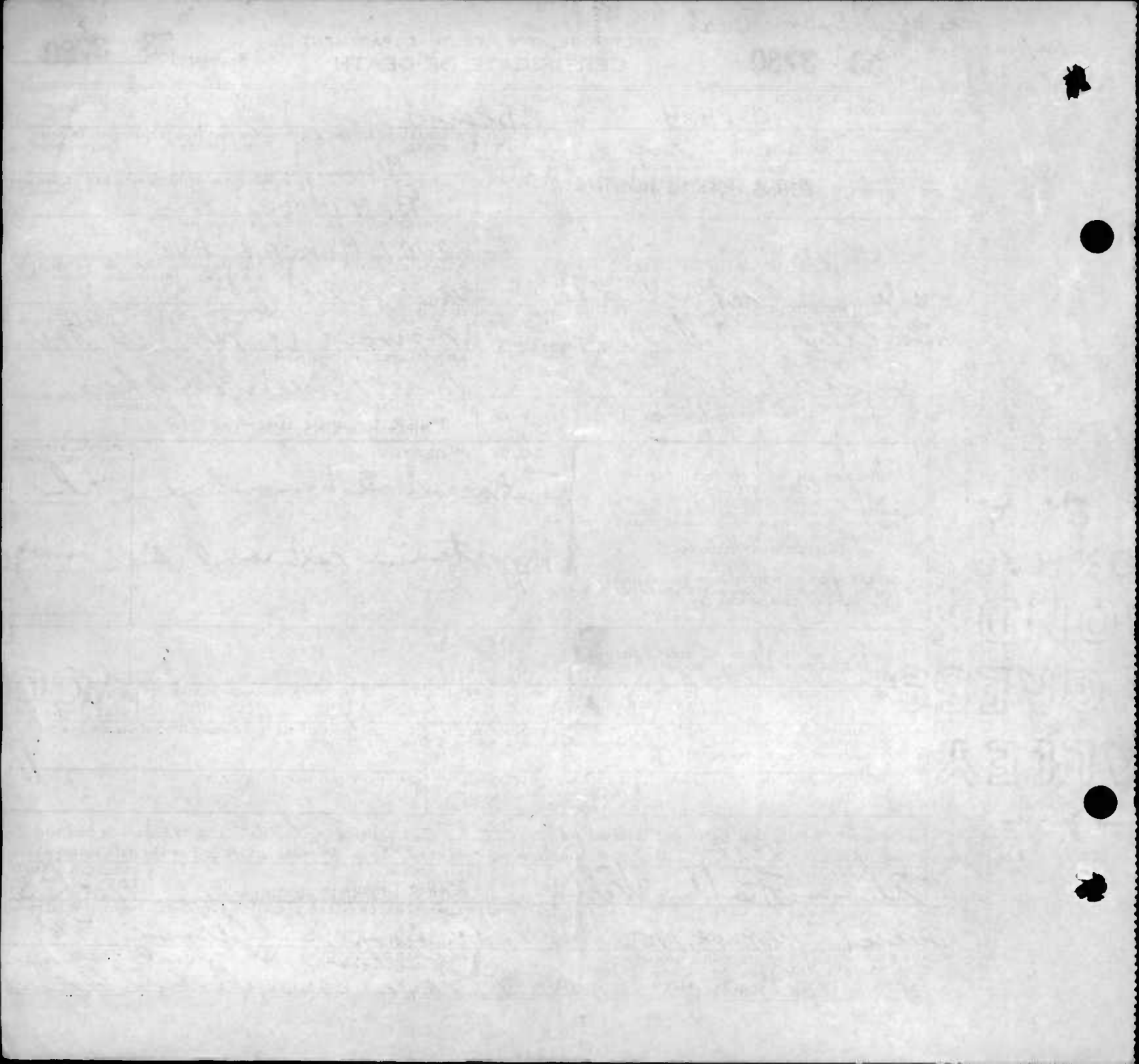
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Apr. 20, 1953	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Baltimore, Md.	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
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DATE RECEIVED BY LOCAL REGISTRAR APR 19 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Funeral Home	ADDRESS 16131 Arundel Hill Ave.
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Released to Hospital



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-425
53 3781BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3781
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Alexander

2. DATE
OF
DEATH

April 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. Center 3

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Md.

B. COUNTY

14-02

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

Baltimore 17

D. STREET ADDRESS (If rural, give location)

1722 Druid Hill Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

6-21-'22

9. AGE (In years
last birthday)

30

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Nurses Aid

10B. KIND OF BUSINESS OR
INDUSTRY

Hosp.

11. BIRTHPLACE (State or foreign country)

Millboro, Va

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Rufus Alexander

14. MOTHER'S MAIDEN NAME

Donnie Holloway ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 583X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-27-1953 to 4-17-1953 that I last saw the
deceased alive on 4-17-1953 and that death occurred at 10:45 AM, from the causes and on the date stated above.

23A. SIGNATURE

Thomas F. Hall

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

4/18/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Burial Apr. 19, 1953

24C. NAME OF CEMETERY OR CREMATORY

Family lot

24D. LOCATION (City, town, or county)

Millboro, Va

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

APR 19 1953 Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Holland Funeral Home

VS 150

730 8T

1878

33

1878

33

CERTIFICATE OF DEATH

1878

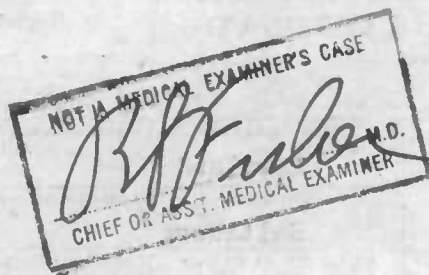
[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-650
AB-D.O.A.
53 3782BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3782
Registered No.

1. NAME OF DECEASED (Type or Print) Aleksi Nurmi			2. DATE OF DEATH April 9-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-36		
C. Length of stay in Baltimore ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 6704 German Hill Road		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) ?	8. DATE OF BIRTH Oct. 7-1888		9. AGE (In years last birthday) 64
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Finland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ? Nurmi			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Baltimore City Hospitals Records: 4940 Eastern Ave. ✓		
18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bilateral Pulmonary Tuberculosis DUE TO ANTECEDENT CAUSES Chronic Bronchiectasis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from D.O.A. 4-9-53 , D.O.A. 4-9-53 , that I last saw the deceased D.O.A. 4-9-53 , and that death occurred at 2.25A m., from the causes and on the date stated above.					
23A. SIGNATURE <i>H. J. Williams</i>		23B. ADDRESS M. D. 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 4-9-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
				24D. LOCATION (City, town, or county) (State) UNIVERSITY MEDICAL SCHOOL APR 15 1953	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS <i>Huntington Williams, M.D.</i>	
VS 150					



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V-4-53 MAR/164080		CERTIFICATE AMENDED 8/25/53 ES		53 3783	
BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) Charles Francis Valentine			2. DATE OF DEATH April 10, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 3-02		
D. STREET ADDRESS (If rural, give location) 1123 E. Pratt St.					
c. Length of stay in Baltimore 36 yrs. Yrs. Mos. Days					
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 13, 1892	9. AGE (In years last birthday) 60	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Virginia			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Alexander			14. MOTHER'S MAIDEN NAME Maria Powell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS B. C.H. 4940 Eastern Ave. (records)		
18. 225X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Non-malignant Tumor of Cervical Spine-level of C6 DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 11-14-52		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Exploration of Cervical Spine		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 10-14, 1952 to 4-10, 1953		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-14, 1952 to 4-10, 1953 , that I last saw the deceased alive on 4-10, 1953 , and that death occurred at 9:45P.m. , from the causes and on the date stated above.					
23A. SIGNATURE H. J. Williams, M.D.		23B. ADDRESS 4940 Eastern Ave., Balto., Md.		23C. DATE SIGNED 4-10-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
24D. LOCATION (City, town, or county) (State)		UNIVERSITY MEDICAL SCHOOL APR 16 1953			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS	
APR 19 1953		VS 150			

See query reply in Document file

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 3784

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DORA SNYDER

2. DATE
OF
DEATH

4/17/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 5-91

D. STREET ADDRESS (If rural, give location)

917 E Fayette St

c. Length of stay in Baltimore

37

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

9. AGE (In years
last birthday)

54

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTH PLACE (State or foreign country)

Kansas

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Abraham

14. MOTHER'S MAIDEN NAME

Minnie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Benjamin Snyder - Same

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute Myocardial Infarction

DUE TO

12 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Atherosclerotic Hypertensive CV Dis

DUE TO

5 yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 4/16, 1953, to 4/17, 1953, that I last saw the
deceased alive on 4/17, 1953, and that death occurred at 6:00 Am., from the causes and on the date stated above.

23. SIGNATURE

Julius L. Rivers

M. D.

23. ADDRESS

Sinai Hospital

23C. DATE SIGNED

4/17/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-19-53

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

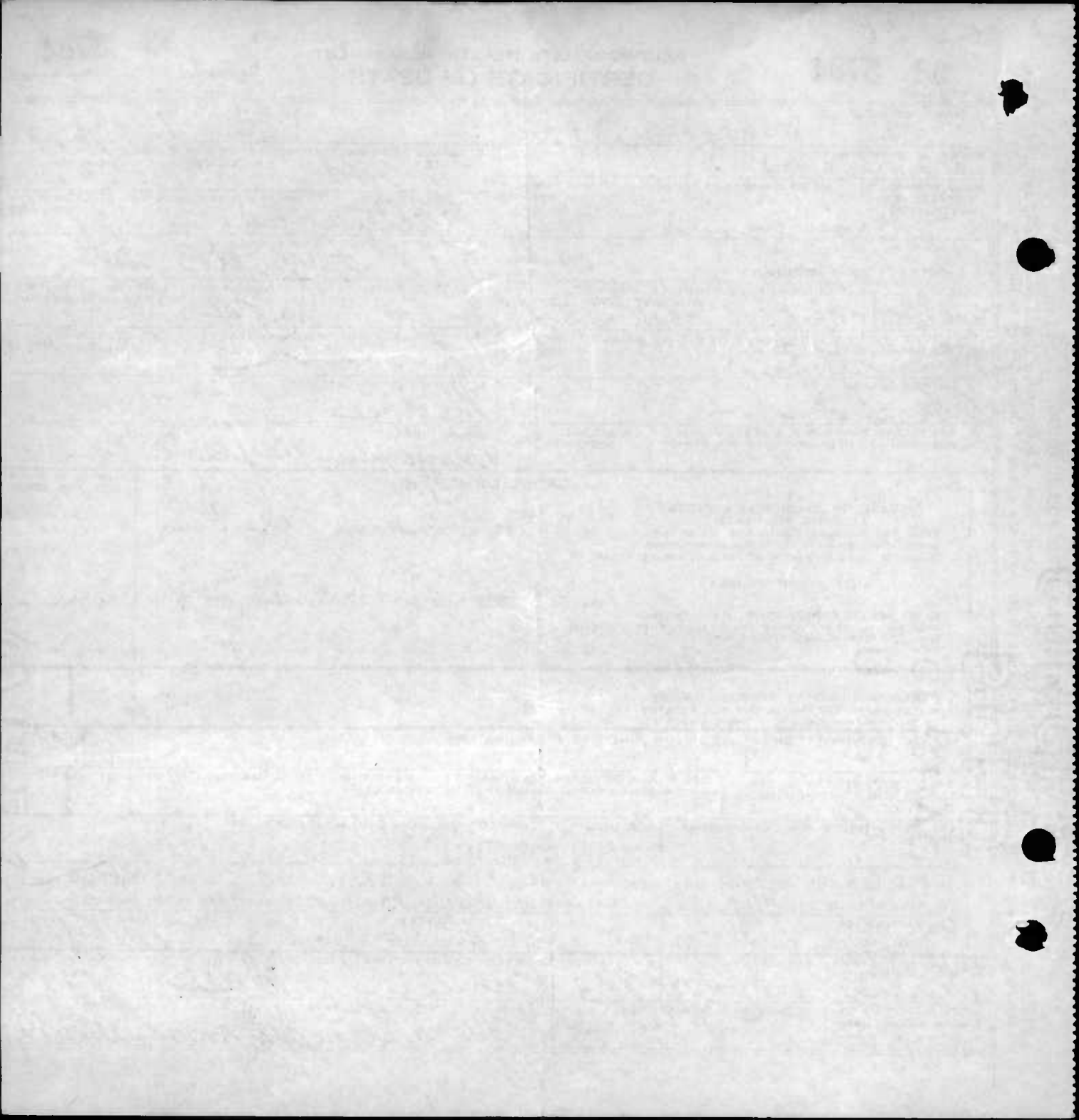
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis Inc 2100 Canton Rd



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-542

BIRTH NO. 53 3785

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3785

1. NAME OF DECEASED (Type or Print) **RONALD SAMUELS**

2. DATE OF DEATH **4/17/53**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md**

5. C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

6. D. STREET ADDRESS (If rural, give location)
2929 No Edgcomb Circle

7. c. Length of stay in Baltimore **life**

8. Yrs. **12** Mos. **1** Days **6**

9. 5. SEX **Male** 6. COLOR OR RACE **White** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Single**

10. 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Schools** 10B. KIND OF BUSINESS OR INDUSTRY **Schools**

11. 11. BIRTHPLACE (State or foreign country) **Baltimore Md** 12. CITIZEN OF WHAT COUNTRY? **USA**

13. FATHER'S NAME **Nathan Samuels** 14. MOTHER'S MAIDEN NAME **Nettie Shane**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **812.7** 17. INFORMANT **Nathan Samuels - Shane** ADDRESS **2929 No Edgcomb Circle**

18. **E812.7** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
CRUSHING INJURY OF HEAD.
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **4-17-53** 19B. MAJOR FINDINGS OF OPERATION **STREET** 20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. ☒ 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **STREET** 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) **2900 Block N. Edgcombe Cir**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY **4-17-53 3:30 PM** 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ 21F. HOW DID INJURY OCCUR? **HIT BY SCHOOL BUS - PEDESTRIAN**

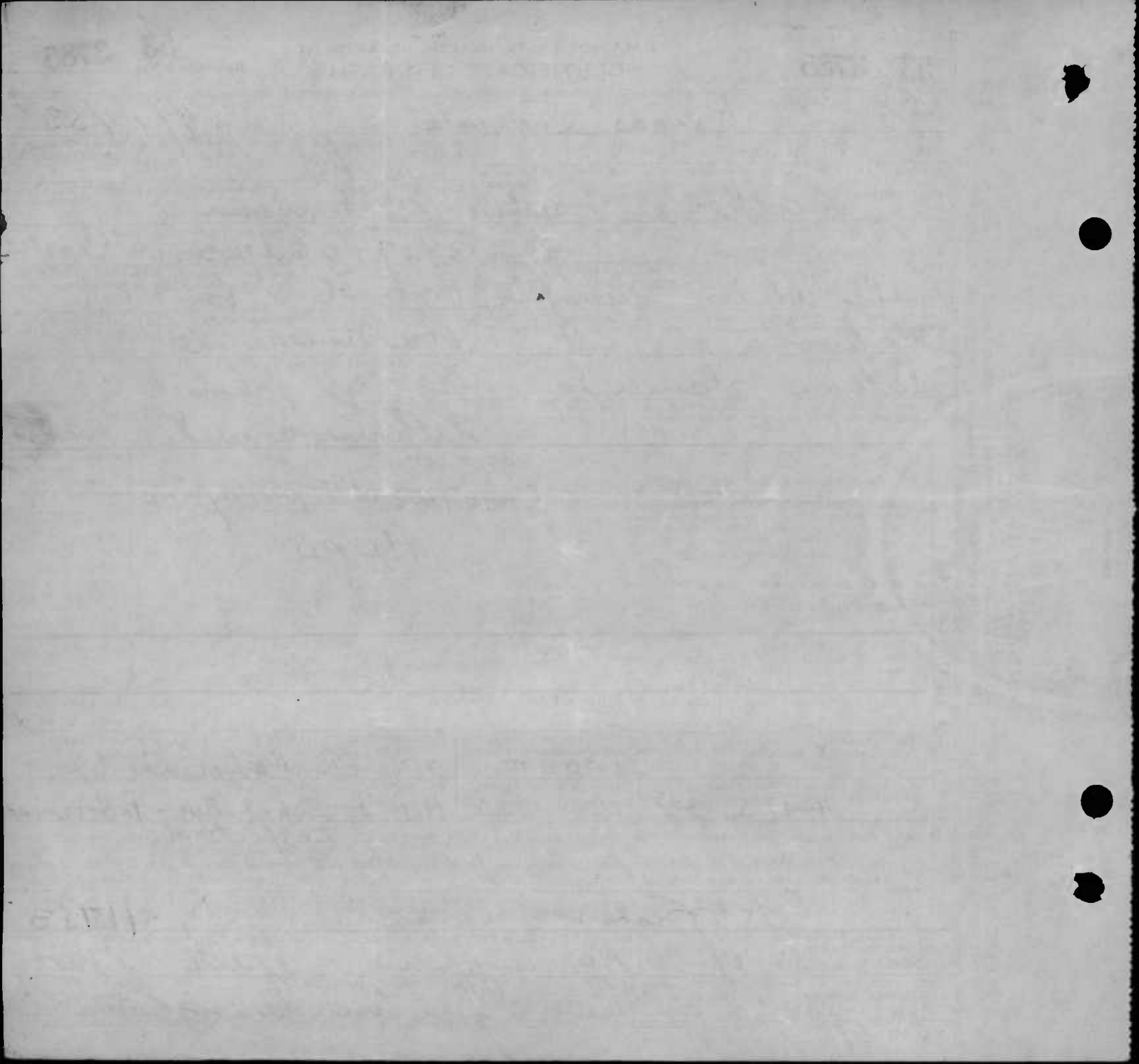
22. I certify that I took charge of the remains described above, held an **Inspection** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **R. B. Fisher** 23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED **4/18/53**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **4-19-53** 24C. NAME OF CEMETERY OR CREMATORY **Herring Run** 24D. LOCATION (City, town, or county) (State) **Balto Md**

DATE RECEIVED BY LOCAL REGISTRAR **APR 19 1953** REGISTRAR'S SIGNATURE **W. H. Williams** 25. FUNERAL DIRECTOR **Jack Lewis** ADDRESS **2100 Cutaw Rd**

V S 151 **N803.2**



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-550 53 3786		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 3786	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) JACOB I TIMIN		2. DATE OF DEATH April 17, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Morgue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-19		D. STREET ADDRESS (If rural, give location) 3108 W. Rogers Avenue	
c. Length of stay in Baltimore Life		5. SEX Male		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH		9. AGE (In years last birthday) 42	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) chauffeur		10B. KIND OF BUSINESS OR INDUSTRY taxi		11. BIRTHPLACE (State or foreign country) Baltimore Md	
13. FATHER'S NAME Paul		14. MOTHER'S MAIDEN NAME Lena		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Betty Timin - same ADDRESS	
18. I 75 X 1		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Drowning			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Harbor		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) West side of Pier 6, Pratt Street 4/1	
21D. TIME (Month) (Day) (Year) (Hour) Found: 4/17/53 6:00 A.M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Jumped into harbor	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		23A. SIGNATURE William J. Brown		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR	
23C. DATE SIGNED April 17, 1953		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-19-53	
24C. NAME OF CEMETERY OR CREMATORY Herong Run		24D. LOCATION (City, town, or county) Balto Md		25. FUNERAL DIRECTOR Jack Lewis Inc 2100 Eutan Rd	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		ADDRESS	
VS 151		N990x		68254	

3212 52

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 3787BIRTH NO. 53 3787

1. NAME OF DECEASED (Type or Print) DORETTA BAUM			2. DATE OF DEATH 4-18-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Marlborough Apts 9AA Baltimore 15-38			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
c. Length of stay in Baltimore 10 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 5527 Liberty Hgts Ave		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 1888		9. AGE (In years last birthday) 65
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Jacob D. Baum			14. MOTHER'S MAIDEN NAME Elsie		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Ernest Baum - June		ADDRESS
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary sclerosis - cardiac catheter DUE TO General Arteriosclerosis Ad age DUE TO Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/11/53 to 4/18 , 19 53 that I last saw the deceased alive on 4/11/53 and that death occurred at 12:00 m., from the causes and on the date stated above.					
23A. SIGNATURE John H. [illegible]		23B. ADDRESS 303 N. Charles		23C. DATE SIGNED 4/18	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-19-53		24C. NAME OF CEMETERY OF CREMATORY Chavira Chavira	
24D. LOCATION (City, town, or county) (State) Randallstown Md		25. FUNERAL DIRECTOR Jack Lewis		ADDRESS 2100 Eastern Ave	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3788

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

David, Meyer.

2. DATE
OF
DEATH

4-16-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

60

D. STREET ADDRESS (If rural, give location)

1100 Woolverton Ave

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

W.

8. DATE OF BIRTH

July 13, 1880

9. AGE (In years last birthday)

72

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

David

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Leon David - 1100 Woolverton Ave

18.

42011

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-16, 1953 to 4-16, 1953 that I last saw the deceased alive on 4-16, 1953 and that death occurred at 3 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Frank Murphy, M. D.

23B. ADDRESS

Sinai Hospital.

23C. DATE SIGNED

4-17-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4-19-1953

24C. NAME OF CEMETERY OR CREMATORY

Pinecroft

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

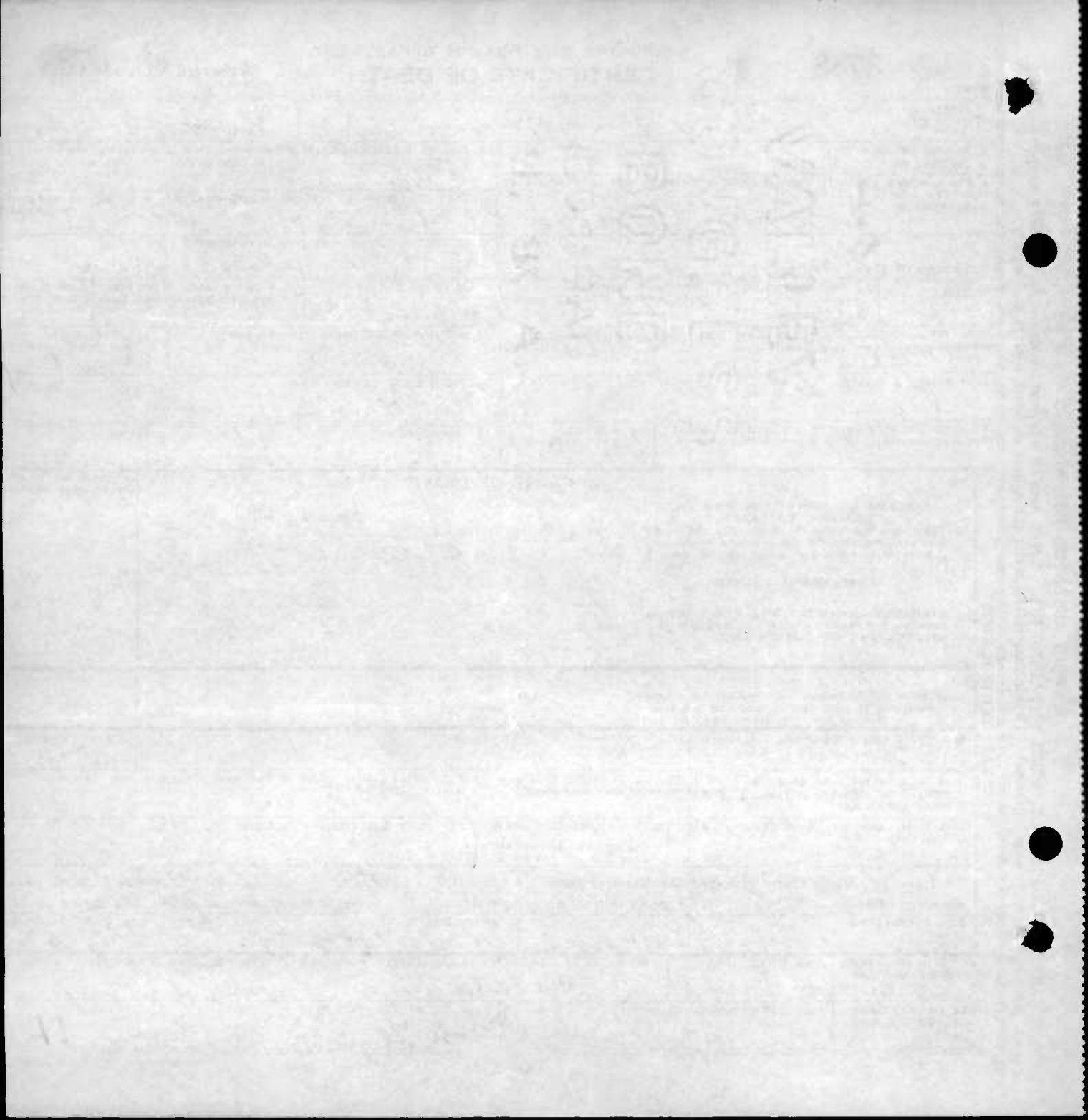
25. FUNERAL DIRECTOR

ADDRESS

APR 19 1953

Frank Murphy, M. D.

Jack Lewis Inc - 2100 Eutan St



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3789

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ernest W. Unkart

2. DATE
OF
DEATH

4/17/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTIONUniversity of Md.
Hosp.Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Hydes

D. STREET ADDRESS (If rural, give location)

Belair Rd.

5200

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. (SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

9/25/34

9. AGE (In years
last birthday)

18

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR
INDUSTRY

Truck Farm

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Unkart

14. MOTHER'S MAIDEN NAME

Emma Gaspar

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

(If yes, give war or dates of service)

2/5-32-6471

16. SOCIAL
SECURITY NO.

←

17. INFORMANT

Father

ADDRESS

Belair Rd Hyde Pk

18. 204.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Acute Lymphatic Leukemia

6 mos.

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/15, 1953, to 4/17, 1953, that I last saw the
deceased alive on 4/17, 1953 and that death occurred at 6:00 Am., from the causes and on the date stated above.

23A. SIGNATURE

J. Alderman

M. D.

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

4/17/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

April 20, 1953

24C. NAME OF CEMETERY OR CREMATORY

St. Pauls Lutheran Cem.

24D. LOCATION (City, town, or county)

Krisville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 19 1953

Huntington Williams, Mr. L. L. L. Funeral Home - 7401 Belair Rd.

VS 150

10010

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

2783

U. S. 51. 812

DECEASED ON 22 FEBRUARY 1951
AT 10:00 AM
AGE 68
SEX F
RACE W
BIRTH DATE 12/15/1882
BIRTH PLACE BALTIMORE, MD
MARRIED TO JAMES H. [illegible]
RESIDENCE 1234 [illegible] ST
BALTIMORE, MD 21201
CAUSE OF DEATH [illegible]
MANNER OF DEATH [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53-162 53 3790 CCG-169439		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 3790 Registered No.	
BIRTH NO. 53-08520		BABY Girl SPRIGGS			
1. NAME OF DECEASED (Type or Print) Baby Girl Hilda Spriggs		2. DATE OF DEATH April 11, 1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern, Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 23-01			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 916 Sharp St.,			
5. SEX F	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 11, 1953	9. AGE (In years last birthday) Months Days Hours Min. 40	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME James Owens		14. MOTHER'S MAIDEN NAME Hilda Spriggs		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave	
18. 762.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Corebral Anoxia DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH Life	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-11, 1953, to 4-11, 1953, that I last saw the deceased alive on 4-11, 1953, and that death occurred at 12:55am, from the causes and on the date stated above.					
23A. SIGNATURE H. J. Williams		23B. ADDRESS 4940 Eastern, Ave Balto. Md		23C. DATE SIGNED 4-11-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated		24B. DATE 4-14-53		24C. NAME OF CEMETERY OR CREMATORY B. C. H. Crematory	
24D. LOCATION (City, town, or county) 4940 Eastern Ave.		24E. FUNERAL DIRECTOR H. J. Williams		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR APR 19 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR H. J. Williams	
VS 150					

<p>1941</p>	<p>1941</p>	<p>1941</p>	<p>1941</p>	<p>1941</p>
<p>1941</p>	<p>1941</p>	<p>1941</p>	<p>1941</p>	<p>1941</p>
<p>1941</p>	<p>1941</p>	<p>1941</p>	<p>1941</p>	<p>1941</p>
<p>1941</p>	<p>1941</p>	<p>1941</p>	<p>1941</p>	<p>1941</p>
<p>1941</p>	<p>1941</p>	<p>1941</p>	<p>1941</p>	<p>1941</p>
<p>1941</p>	<p>1941</p>	<p>1941</p>	<p>1941</p>	<p>1941</p>
<p>1941</p>	<p>1941</p>	<p>1941</p>	<p>1941</p>	<p>1941</p>
<p>1941</p>	<p>1941</p>	<p>1941</p>	<p>1941</p>	<p>1941</p>
<p>1941</p>	<p>1941</p>	<p>1941</p>	<p>1941</p>	<p>1941</p>
<p>1941</p>	<p>1941</p>	<p>1941</p>	<p>1941</p>	<p>1941</p>
<p>1941</p>	<p>1941</p>	<p>1941</p>	<p>1941</p>	<p>1941</p>

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

53 3791

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3791
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sister Pauline Casley

2. DATE
OF
DEATH

4-17-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

The Seton Institute

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

6420 Reisterstown Road

C. Length of stay in Baltimore

45 yrs.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Jan. 4, 1888

9. AGE (in years last birthday)

65

10. Under 1 Year Months: Days

3 8

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Catholic Sister

10B. KIND OF BUSINESS OR INDUSTRY

Religious

11. BIRTHPLACE (State or foreign country)

Brooklyn, New York

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Casley

14. MOTHER'S MAIDEN NAME

Jeannette Simpson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

The Seton Institute, Baltimore, MD

18.

170X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinomatosis

INTERVAL BETWEEN ONSET AND DEATH

Oct 1952

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Carcinoma of left breast

Oct 1952

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Oct 1952

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of left breast with axillary metastasis

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., on or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1939 to 4/17, 1953 that I last saw the deceased alive on 4/17, 1953, and that death occurred at 350 P.M., from the causes and on the date stated above.

23A. SIGNATURE

D. P. Palagis

23B. ADDRESS

3326 Frederick Ave

23C. DATE SIGNED

4/17/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

approx 5/3

24C. NAME OF CEMETERY OR CREMATORY

Seton

24D. LOCATION (City, town, or county)

Seton Institute

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

4 Huntington Williams

25. FUNERAL DIRECTOR

Steele & Son

ADDRESS

1000 York Rd

VS 150

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3792
Registered No.

53 3792

BIRTH NO.

52-22665

1. NAME OF DECEASED
(Type or Print)

Amanda Y. Gastins

2. DATE
OF
DEATH

April 18, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
a. STATE b. COUNTY before admission)

Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4682 Falls Road

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-15

d. STREET ADDRESS (If rural, give location)

4682 Falls Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 21, 1952

9. AGE (in years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

6

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Howard Gaskins

14. MOTHER'S MAIDEN NAME

Sidney Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Sidney Gaskins 4682 Falls Rd.

18. 522X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (a. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from April 10, 1953, to April 18, 1953, that I last saw the
deceased alive on April 17, 1953 and that death occurred at 1000 PM, from the causes and on the date stated above.

23A. SIGNATURE

William D. Lane

M. D.

23B. ADDRESS

25 R. Green St

23C. DATE SIGNED

4/18/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-21-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county)

Baltimore,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 19 1953

Huntington Williams, M.D.

Mrs. Frances A. Stensley Biddle, Jr.

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3793

Registered No.

BIRTH NO. 53 3793

1. NAME OF DECEASED
(Type or Print)

Edith Hobbs

2. DATE
OF
DEATH

April 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

437 Orchard St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 11-03

D. STREET ADDRESS (If rural, give location)

437 Orchard St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 7, 1900

9. AGE (In years
last birthday)

53

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME

John Lancaster

14. MOTHER'S MAIDEN NAME

Sarah Evans

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Harrison Hobbs 437 Orchard St.

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cerebral Hemorrhage
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertension
DUE TO
(C)INTERVAL BETWEEN
ONSET AND DEATH

26h

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/15/53, 19, to 4/16/53, 19, that I last saw the
deceased alive on 4/18/53, and that death occurred at 9:10 P.M. from the causes and on the date stated above.

23A. SIGNATURE

William Gauer M. D.

23B. ADDRESS

75 E. George St.

23C. DATE SIGNED

4/18/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-21-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county) (State)

Baltimore,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mr. Charles C. Hensley

ADDRESS

5780
Biddle St.

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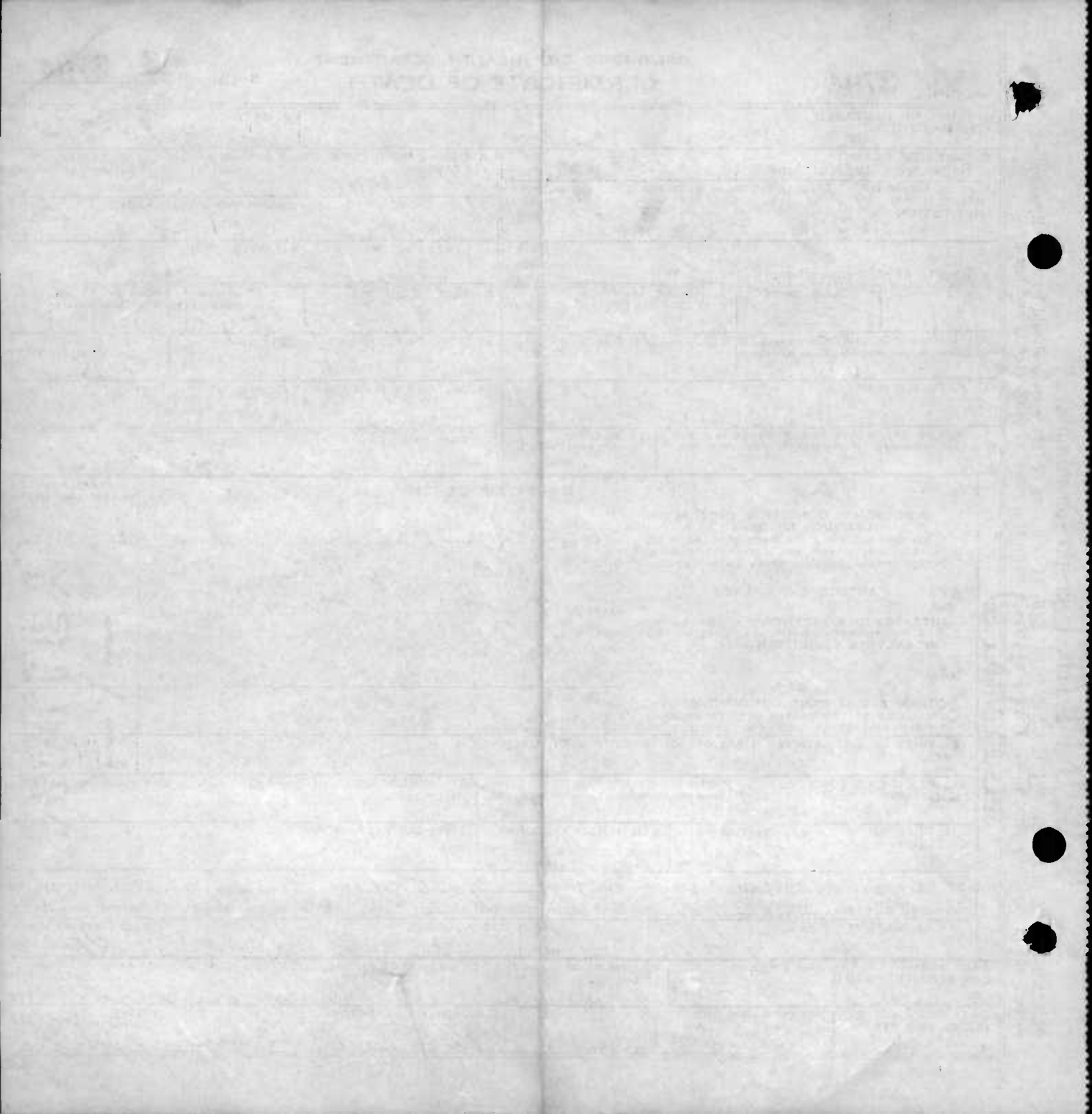
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 3794**BIRTH NO. **53 3794**

1. NAME OF DECEASED (Type or Print) JOHN HANDY			2. DATE OF DEATH 4-16-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION Princenton Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md. 13-03		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 2221 Modern Ave.		
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 12-9-1894		9. AGE (In years last birthday) 59
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Writer		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John Handy			14. MOTHER'S MAIDEN NAME Ella Levi		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT Sister ADDRESS 2221 Modern Ave.		

18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(A) Left Pneumonia	DUE TO	6 days
	(B) Pericarditis Coronary heart disease	DUE TO	2
(C) Curbing liver	DUE TO		

19A. DATE OF OPERATION 4-15-53		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 4-15-53 to 4-16-53 that I last saw the deceased alive on 4-14-53 , and that death occurred at 10:30 a.m. , from the causes and on the date stated above.				
23A. SIGNATURE Frank S. Hansen M. D.		23B. ADDRESS 2224 Modern Ave.		23C. DATE SIGNED 4-17-53

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4-20-53	24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary	24D. LOCATION (City, town, or county) (State) Anne Arundel Co. Md.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR W. H. Trause ADDRESS 578 W. 4th St.	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3795
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Leland

2. DATE
OF
DEATH

18 April 1953
4-a.m.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Little Sisters of the Poor

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

10-01

D. STREET ADDRESS (If rural, give location)

1200 Valley St.

c. Length of stay in Baltimore

7 yrs

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED-DIVORCED (Specify)

8. DATE OF BIRTH

Dec 23 1876

9. AGE (in years last birthday)

76

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Thomas Leland

14. MOTHER'S MAIDEN NAME

Kathryn Timothy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Little Sisters of the Poor.

18. *422.2*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Arterio-Sclerosis

2 months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Chronic Myocarditis

2 yrs

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *April 17*, 1953, to *April 18*, 1953, that I last saw the deceased alive on *April 17*, 1953, and that death occurred at *4 A* m., from the causes and on the date stated above.

23A. SIGNATURE

E. G. Hall Hall MD

23B. ADDRESS

1631 E North Ave

23C. DATE SIGNED

April 18-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

April 20/53

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county) (State)

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

ADDRESS

Peter Wredifield 906 Biddle St

SALTWATER CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1905

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

OCCUPATION

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

OCCUPATION

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3796
Registered No.

53 3796
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mary Fisher</i>			2. DATE OF DEATH <i>April 17 1953</i> <i>3:15 P.M.</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Little Sisters of the Poor</i>			C. CITY OR TOWN (If on site corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>always</i>			D. STREET ADDRESS (If rural, give location) <i>1200 Valley St</i>		
5. SEX <i>female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE MARRIED WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH <i>May 27-1875</i>		9. AGE (In years last birthday) <i>77</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>William Reitsch</i>			14. MOTHER'S MAIDEN NAME <i>Eva</i> <i>? doesn't know</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Little Sisters of the Poor</i>		

18. <i>422.2</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) ANTECEDENT CAUSES		<i>Cerebral Hemorrhage</i>	<i>2 months</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Chronic Myocarditis</i>	<i>2 years</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)	

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb-10-</i> , 1953 to <i>Apr-17-</i> , 1953 that I last saw the deceased alive on <i>April 17-</i> , 1953 and that death occurred at <i>3:15 P.M.</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>E. Gell Hall M.D.</i>		23B. ADDRESS <i>1631 E. North Ave</i>		23C. DATE SIGNED <i>Apr 18-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>April 20/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Olivet</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>		25. FUNERAL DIRECTOR ADDRESS <i>Rita Weisfeld 900 E. Biddle St</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 19 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

F-260

53 3797

53 3797

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Florence C. Vavrina

2. DATE
OF
DEATH

April 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Maryland

B. COUNTY

(If outside corporate limits, write RURAL and give township)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

10 N. Milton Avenue

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

10 N. Milton Avenue

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 19, 1878

9. AGE (In years
last birthday)

74

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltio., Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas Healy

14. MOTHER'S MAIDEN NAME

Eleanor Steever

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Frank A. Vavrina 1713 Aberdeen Rd.

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

carcinoma of colon

6 months?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

generalized arteriosclerosis

10 yrs?

DUE TO

(C)

generalized emaciation

3 months

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from June 1952 to April 1953, that I last saw the deceased alive on April 17, 1953, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Benton V. Lock MD

23B. ADDRESS

2936 E. Balto St

23C. DATE SIGNED

4/18/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/20, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

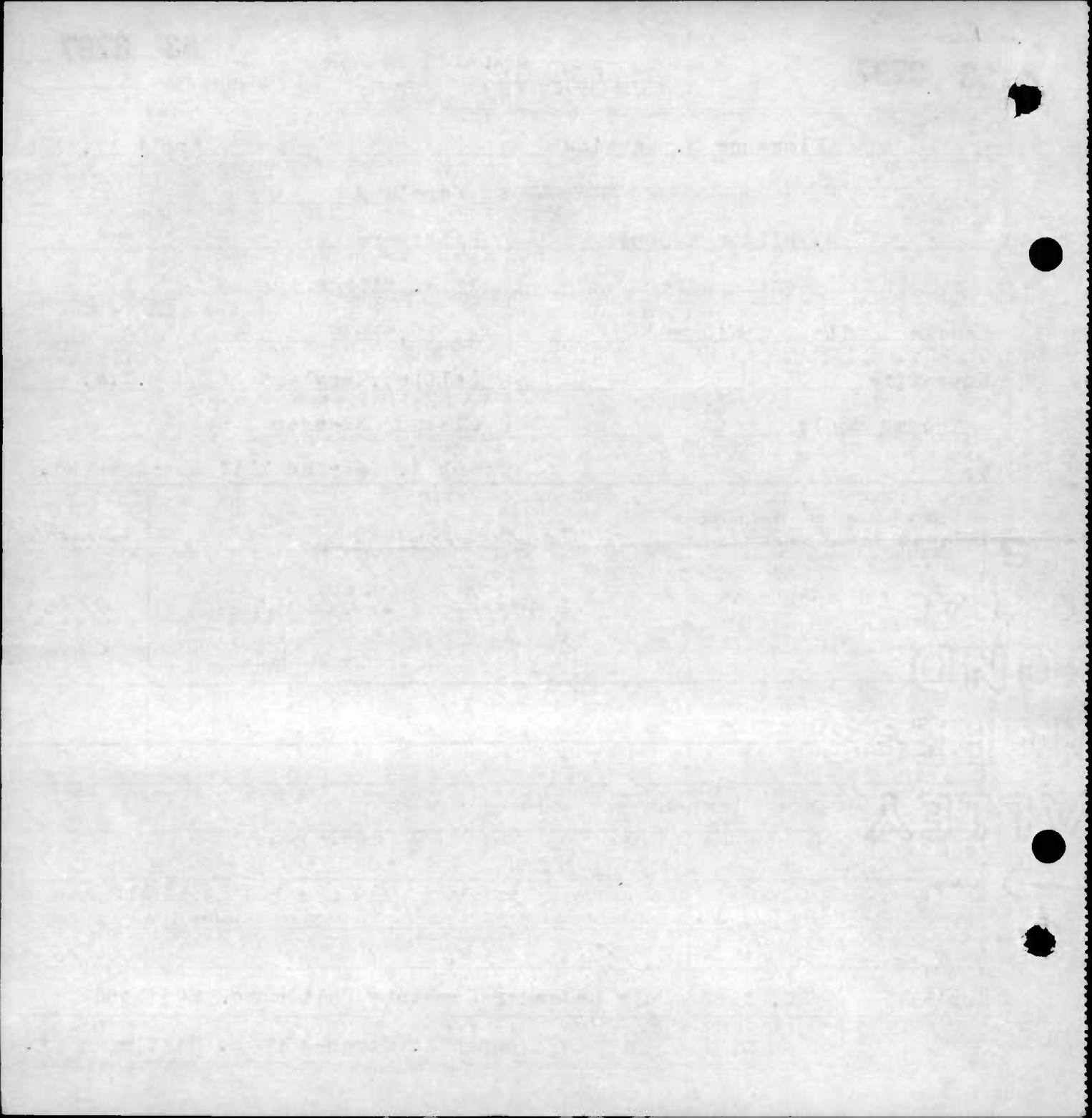
Huntington Williams, MD

25. FUNERAL DIRECTOR

John A. Moran-3000 E. Baltimore St.

ADDRESS

per NB Lewis



53 3798

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3798
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Pfisterer

2. DATE
OF
DEATH

April 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 9-03

D. STREET ADDRESS (If rural, give location)

707 E. 36th St.

c. Length of stay in Baltimore

70

X Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

9-22-79

9. AGE (In years
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John Honan

14. MOTHER'S MAIDEN NAME

Bridgett Dunne

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Cardio-vascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Refractory anemia of ? etiology

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 15, 1953, to Apr. 17, 1953 that I last saw the deceased alive on Apr. 17, 1953, and that death occurred at 3:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

C. E. Stennett

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

Apr. 17, '53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/21/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John A. Moran-3000 E. Baltimore St.

Per N. Edwards

CERTIFICATE OF DEATH

Name of Deceased		Date of Death	
Place of Birth		Date of Birth	
Sex		Race	
Marital Status		Cause of Death	
Occupation		Place of Death	
Signature of Physician		Signature of Registrar	
Date of Signature		Date of Signature	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3799
Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print) Cus, Gustas--GUSTUS POLLIN

2. DATE
OF
DEATH

April 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

(Hospital)

Bethlehem Steel Key Highway

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

10-01

D. STREET ADDRESS (If rural, give location)

1040 Harford Road Ave.

c. Length of stay in Baltimore

12 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

8-10-1908

9. AGE (In years
last birthday)

44

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Welder

10B. KIND OF BUSINESS OR
INDUSTRY

Bethlehem Steel

11. BIRTHPLACE (State or foreign country)

Furman S.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Milton Pollin

14. MOTHER'S MAIDEN NAME

Julia Beckett

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

718-05-5451

17. INFORMANT

ADDRESS

Dorothy Mae Pollin 1040 Harford Ave.

18. E912.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Multiple extreme injuries of body

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Industrial

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Bethlehem Steel Key Highway

24/02

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

April 16, 1953

A. m.

21E. INJURY OCCURRED
WHILE AT WORK ☒ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

Caught between crane and crane track

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

P. R. O. W. H. A. N.

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
April 16, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Shipped

24B. DATE

4-19-1953

24C. NAME OF CEMETERY OR CREMATORY

Thankful Cemetery

24D. LOCATION (City, town, or county)

Furman South Carolina

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston W. Williams, M.D.

25. FUNERAL DIRECTOR

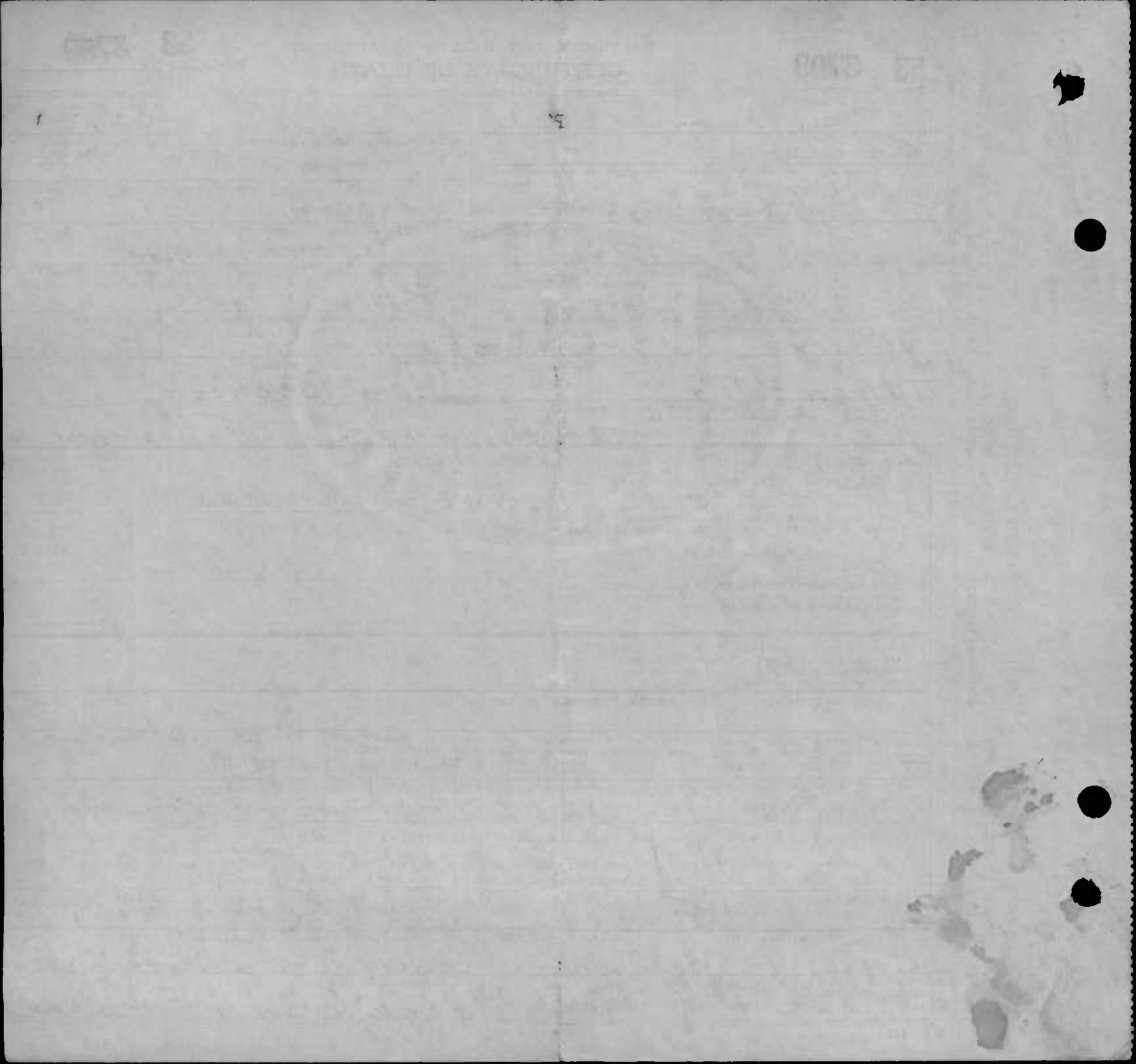
ADDRESS

J. Collick 1412 E. Preston St.

VS 151

N 869.2

685 30



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 3800

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3800
Registered No.1. NAME OF DECEASED
(Type or Print)

MORTON JOSEPH CARNEY

2. DATE
OF
DEATH

4/18/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

South BAHG GENERAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

16-08

D. STREET ADDRESS (If rural, give location)

4104 MOUNT WOOD RD

C. Length of stay in Baltimore

2 Mo

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb 26, 1931

9. AGE (In years
last birthday)

22

If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Pickerton Det. Agcy

10B. KIND OF BUSINESS OR
INDUSTRY

Detective Agency

11. BIRTHPLACE (State or foreign country)

San Francisco, Calif.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Francis J. Carney

14. MOTHER'S MAIDEN NAME

Margaret Werdinger

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes World War II

16. SOCIAL
SECURITY NO.

17. INFORMANT

Margaret Carney Los Angeles Calif.

ADDRESS

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

STREET

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Glen Burnie - RTE 2 + 5th Ave

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

4 18 53 230

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

Pedestrian - Hit by Auto

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

4/19/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-25-53

24C. NAME OF CEMETERY OR CREMATORY

Loomis

24D. LOCATION (City, town, or county)

Los Angeles, Calif.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

APR 19 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Howard H. Hunsack 2503 Edmondson

ADDRESS

VS 151

N853.2

69082

0085 82

0085 82

53 3801

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3801

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) Downs, Foster H.2. DATE OF DEATH April 17, 1953
If deceased lived in institution: residence before admission

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BaltimoreD. STREET ADDRESS (If rural, give location) 3609 Gleston Drive # 29c. Length of stay in Baltimore 45 yrs.Yrs.
Mos.
Days5. SEX M6. COLOR OR RACE W7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married8. DATE OF BIRTH April 8, 18889. AGE (in years last birthday) 65If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman10B. KIND OF BUSINESS OR INDUSTRY American Oil Co. Retired Salesman11. BIRTHPLACE (State or foreign country) New York12. CITIZEN OF WHAT COUNTRY? US13. FATHER'S NAME James Downs14. MOTHER'S MAIDEN NAME Angelina Ridgeway

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 412 09 115317. INFORMANT Wife, Fredericka K. Downs, 3609 Gleston drive18. 490x and 162x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) lobar pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____

DUE TO

(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Possible brucellosis CA

19A. DATE OF OPERATION _____

19B. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? ☒ YES ☐ NO21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-12, 1953, to 4-17, 1953, that I last saw the deceased alive on 4-17, 1953, and that death occurred at 2:54 a.m., from the causes and on the date stated above.23A. SIGNATURE C. J. Ireland23B. ADDRESS Maryland Hosp.23C. DATE SIGNED 4-17-53

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify) Intombment24B. DATE April 20/5324C. NAME OF CEMETERY OR CREMATORY Lorraine Pk. Mausoleum, Woodlawn, Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR APR 20 1953REGISTRAR'S SIGNATURE William H. Hutzler25. FUNERAL DIRECTOR Harry H. HutzlerADDRESS 4101 Edmondson Ave.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3802

BIRTH NO. 53 3802

1. NAME OF DECEASED (Type or Print) EDWARD L. SMITH			2. DATE OF DEATH 4/17/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE, MD.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) South Baltimore General Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-10		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 232 S. Clinton St.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	B. DATE OF BIRTH March 31, 1909		9. AGE (In years last birthday) 44
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dye Setter		10B. KIND OF BUSINESS OR INDUSTRY Western Elec. Co.	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William H. Smith			14. MOTHER'S MAIDEN NAME Amelia M. Smith		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 216-03-0359	17. INFORMANT Mrs. Lillian Smith		
18. ADDRESS 232 S. Clinton St.			19. ADDRESS 232 S. Clinton St.		
1B. 586X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Biliary Cirrhosis, secondary to common duct obstruction due to mechanical constriction.			CAUSE OF DEATH Biliary Cirrhosis, secondary to common duct obstruction due to mechanical constriction.		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. None			INTERVAL BETWEEN ONSET AND DEATH None		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None					
19A. DATE OF OPERATION 4/16/53		19B. MAJOR FINDINGS OF OPERATION Mechanical obstruction of common duct		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) None	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY None		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? None	
22. I hereby certify that I attended the deceased from 4/11/53 to 4/17/53 that I last saw the deceased alive on 4/17/53 and that death occurred at 7:35 m., from the causes and on the date stated above.					
23A. SIGNATURE W. McConway		23B. ADDRESS Smith Baltimore Genl Hosp.		23C. DATE SIGNED 4/17/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Apr. 20/53		24C. NAME OF CEMETERY OR CREMATORY Moreland Mem. Pl.	
24D. LOCATION (City, town, or county) (State) Faylor av. Balto. Ind.		25. FUNERAL DIRECTOR Harry H. Lutzke		ADDRESS 4101 Edmondson Ave.	
DATE RECEIVED BY LOCAL REGISTRAR APR 20 1953		REGISTRAR'S SIGNATURE VS 150		5923M	

[Faint, mostly illegible text across the page, possibly bleed-through from the reverse side. Some words like "The Center" and "William H. Hall" are faintly visible.]

773 93

VALLEY

CONGREGATION

ST. JOHN

53 3804

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3804

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Anna Smith

2. DATE
OF
DEATH

April 17th, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1627 Shakespeare St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

At Home

C. CITY OR TOWN

Baltimore-31,

2-03

D. STREET ADDRESS (If rural, give location)

1627 Shakespeare Street

c. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

About 1886

9. AGE (In years
last birthday)

67 ?

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Boarding House

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Laska

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Helen Ohenkowski 79 North Main Street

18.

420.1

CAUSE OF DEATH

Ashley, Penn.

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

4/16/53

ANTECEDENT CAUSES

(B)

DUE TO

Chronic Myocarditis

3/1/52

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from Jan 10, 1953 to April 17, 1953 that I last saw the
deceased alive on April 17, 1953 and that death occurred at 4 P. M., from the causes and on the date stated above.

23A. SIGNATURE

William J. Ryan

M. D.

23B. ADDRESS

801 W. Kenwood Rd

23C. DATE SIGNED

4/18/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

April 21, 1953

24C. NAME OF CEMETERY

St. Stanislaus

24D. LOCATION (City, town, or county)

1300 Dundalk Ave Balto, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. J. Williams

25. FUNERAL DIRECTOR

George A. Weber

ADDRESS

705 S. ...

VS 150

7528B

MARGIN RESERVED FOR BINDING

PLEASE TYPE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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53 3805

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3805
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Joseph M. Clark		April 17/53	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)			
A. Baltimore City, Maryland		B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Fayette Nursing Home		Baltimore 27-19			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
15 yrs		2907 Whitney Avenue			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Months Days	
M	W	W	3-19-1858	95	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Farmer				Penn	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
David Clark		Unknown		U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				Mrs Josephine B. Clark 2907 Whitney Ave	
18. 420.0 I		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) ARTERIOSCLEROTIC HEART DISEASE SEV YRS			
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO			
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from APRIL 4 1953 to APRIL 17 1953 that I last saw the deceased alive on APRIL 11 1953 and that death occurred at 4:00 P.M. from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
E. Ellavoff M.O.		2431 MARYLAND AVENUE		4-18-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		4-21-53		Washington Cemetery Washington D.C.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
APR 20 1953		Huntington Williams		Loring Byers 5005 R. H. H. H.	

2431

M-460

53 3806

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3806

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nancy Ellen Miller

2. DATE
OF
DEATH

Apr. 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

W. Va.

B. COUNTY

Mineral

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR
INSTITUTION

Univ. Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Burlington V-45

D. STREET ADDRESS (If rural, give location)

R.F.D. 1

c. Length of stay in Baltimore

21

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Sept. 23, '39

9. AGE (in years
last birthday)

13

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

School girl

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

W. Va

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Miller

14. MOTHER'S MAIDEN NAME

Virginia Newhouse

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mother

ADDRESS

Same

18. 753.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Atypical Arnold-Chiari

(A)

syndrome pyogenic Meningitis

DUE TO

Oper. to relieve incr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

intracranial pressure

DUE TO

Ventricular Enlargement due

(C)

to Arnold-Chiari like syndrome

INTERVAL BETWEEN
ONSET AND DEATH

10 da

13 da

possibly

originated

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Apr 6, '53

19B. MAJOR FINDINGS OF OPERATION

Cerebellar Tonsils Blocking Foramen Magnum

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953, to April 19, 1953, that I last saw the
deceased alive on April 19, 1953, and that death occurred at 8:13 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Timothy Baker

M.D.

23B. ADDRESS

Univ. Hosp

23C. DATE SIGNED

4/19/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

April 19, 1953

24C. NAME OF CEMETERY OR CREMATORY

Beaver Run

24D. LOCATION (City, town, or county)

Burlington W. Va

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Harvey H. Witzke

ADDRESS

4101 Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-151969
53 3807

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3807
Registered No.

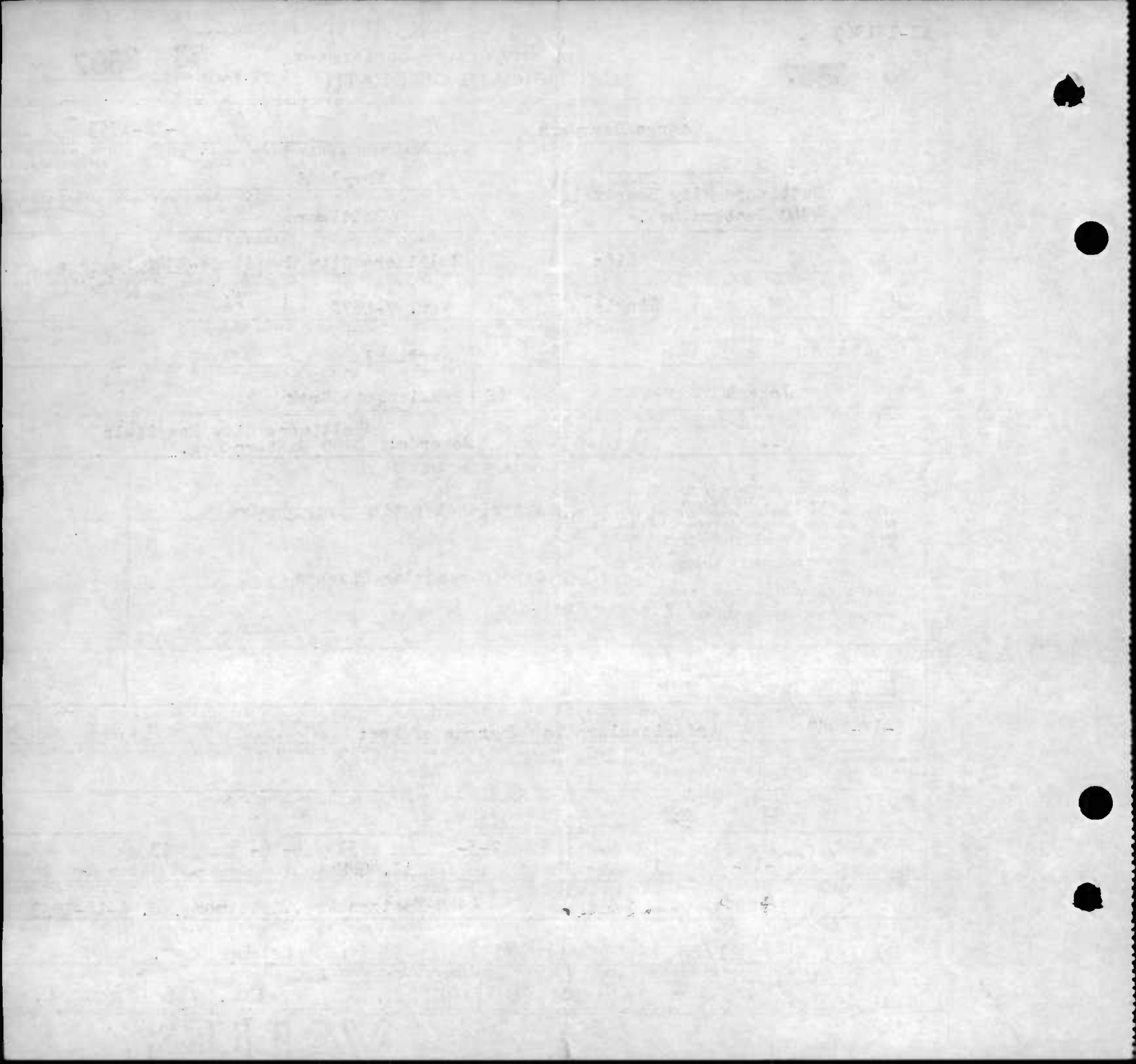
BIRTH NO.

1. NAME OF DECEASED (Type or Print) George Berryman		2. DATE OF DEATH 4-18-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12	
c. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) Baltimore City Hospitals-4940 Eastern Ave.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 7-1878
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 74 If Under 1 Year Months Days If Under 24 Hours Hours Min.
13. FATHER'S NAME Joseph Berryman (D)		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMY FORCES? (If yes, give war or dates of service) --		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO. 216-01-1491A		14. MOTHER'S MAIDEN NAME Elizabeth Cook	
17. INFORMANT Baltimore City Hospitals		ADDRESS Records: 4940 Eastern Ave.	
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Hypertensive DUE TO ANTECEDENT CAUSES Cardio-vascular Disease DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 2-17-1953		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Arteriosclerotic Gangrene of Foot	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9-5- , 19 51 to 4-18- , 19 53 , that I last saw the deceased alive on 4-18- , 19 53 , and that death occurred at 12.40PM from the causes and on the date stated above.			
23A. SIGNATURE <i>H. J. [Signature]</i>		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.	
23C. DATE SIGNED 4-18-1953			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/21/53	
24C. NAME OF CEMETERY OR CREMATORY Cedar Hill		24D. LOCATION (City, town, or county) (State) Ritchie Hgwy.	
DATE RECEIVED BY LOCAL REGISTRAR APR 20 1953		REGISTRAR'S SIGNATURE <i>Antington Wallace, M.D.</i>	
25. FUNERAL DIRECTOR JOHN F. DENNY, INC.		ADDRESS 715 Light St.	

VS 150

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MARGIN RESERVED FOR BINDING

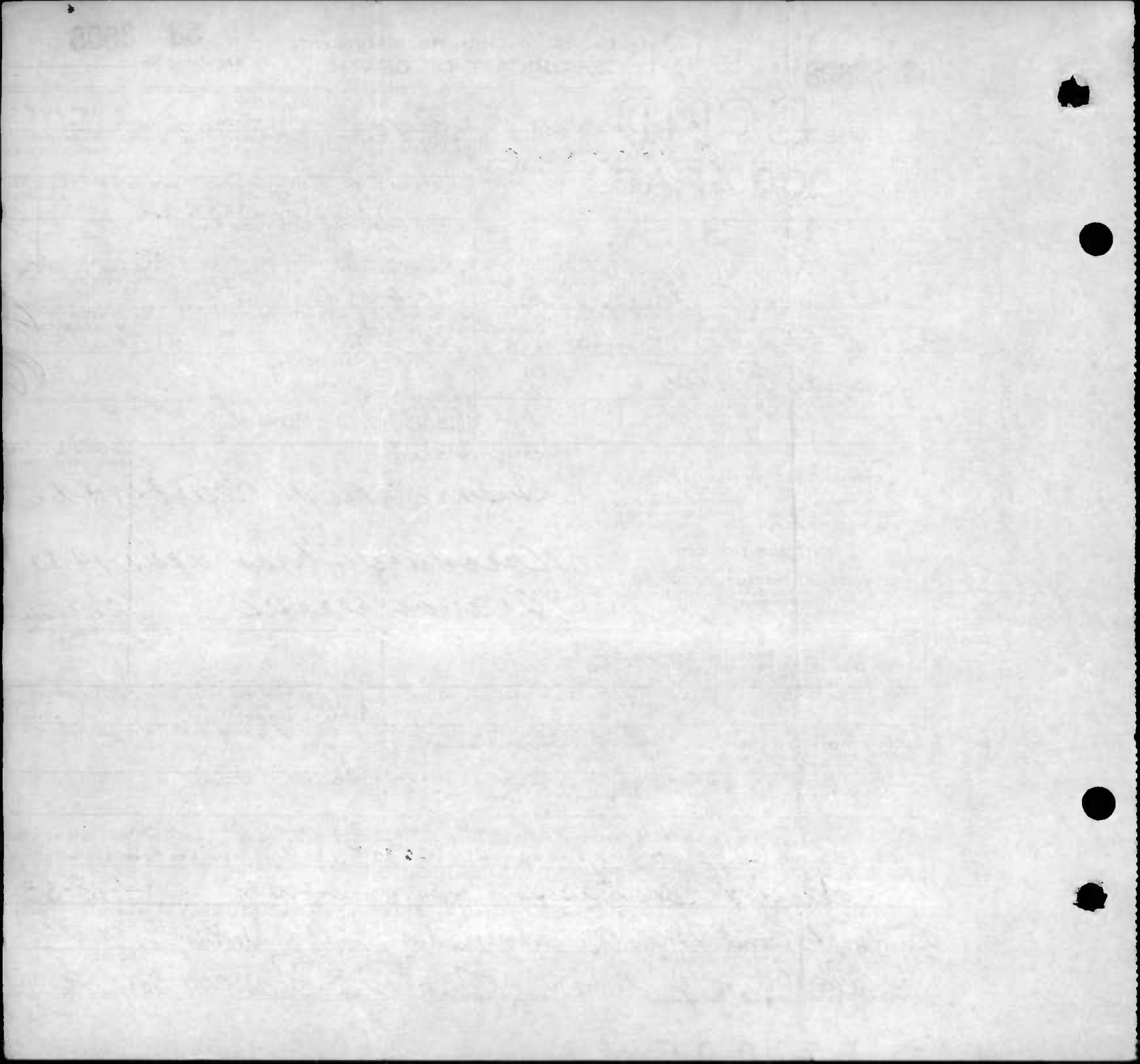
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3808
Registered No.53 3808
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>William Peyton</i>			2. DATE OF DEATH <i>April 18, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med. Opl 6</i>			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>12-07</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>414 W. 29th St</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>9-22-'96</i>		9. AGE (In years last birthday) <i>56</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Freight Conductor</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Penna R.R.</i>		11. BIRTH PLACE (State or foreign country) <i>W. Va.</i>
13. FATHER'S NAME <i>Joseph Peyton</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i> ADDRESS

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Infarction of Heart</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>14 da.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>Coronary Thrombosis</i> DUE TO	<i>14 da.</i>
	(C) <i>Arteriosclerosis</i> DUE TO	<i>years</i>

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>✓</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4-17-</i> , 19 <i>53</i> to <i>4-18-</i> , 19 <i>53</i> that I last saw the deceased alive on <i>4-18-</i> , 19 <i>53</i> and that death occurred at <i>2:30 P.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>David Lukacs</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>4-18-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>April 21/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Meadowridge</i>	
24D. LOCATION (City, town, or county) (State) <i>Wash. Blvd. Md</i>		25. FUNERAL DIRECTOR <i>Justin E. Donovan</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 20 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		ADDRESS <i>3818 Roland Ave</i>	



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PLEASE TYPE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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53 3810

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3810

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

VERA A. ZIEGLER

2. DATE
OF
DEATH

April 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2707 E. Preston St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 8-03

D. STREET ADDRESS (If rural, give location)

2707 E. Preston St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Dec. 15, 1895

9. AGE (In years
last birthday)

57

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
At home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Clarence Myers

14. MOTHER'S MAIDEN NAME

May Weaver

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

George Ziegler 2707 E. Preston St.

18. 199.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cancer----- (pelvic)

DUE TO

3 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1951

19B. MAJOR FINDINGS OF OPERATION

Pelvic Cancer

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from 2/27/47, 19__, to 4/16/53, 19__, that I last saw the
deceased alive on 4/15/53, and that death occurred at 1 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Blair B. Moore, M.D.

448 N. Luzerne Ave.

4/17/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Apr. 20, 1953

Baltimore National

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 20 1953

Huntington Williams, M.D.

Wilrich Funeral Home 2008 Orleans St.

0035

34

RECEIVED BY THE NATIONAL

ARCHIVES OF THE DEPARTMENT

0035



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

B-432

53 3811

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3811**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) **OSCAR C. SLITZER**

2. DATE OF DEATH **4/18/53**

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION **Mary Hospital**

c. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Md**
b. COUNTY **Baltimore**

5. SEX **Male**

6. COLOR OR RACE **White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Nov 21 1901**

9. AGE (in years last birthday) **51**

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Sgt Fire Dept**

11. BIRTHPLACE (State or foreign country) **Md**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **Henry Slitzer**

14. MOTHER'S MAIDEN NAME **Mary Reimann**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **No**

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS **Mrs.elda Slitzer 3306 Chesapeake Ave**

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)
CRUSHING INJURY OF CHEST AND FRACTURE OF SKULL

II. ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **4/18/53**

19B. MAJOR FINDINGS OF OPERATION **STREET**

20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. ☒

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **STREET**

21C. WHERE DID INJURY OCCUR? **Baltimore + CAROLINE ST.**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY **4 18 53-54 PM**

21E. INJURY OCCURRED WHILE AT WORK ☒ **NOT WHILE AT WORK** ☐

21F. HOW DID INJURY OCCUR? **Collision of Two Fire engines Passenger**

22. I certify that I took charge of the remains described above, held an INSPECTION thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **J.F. Fisher**

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED **4/19/53**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24B. DATE **4/22/53**

24C. NAME OF CEMETERY OR CREMATORY **Baltimore**

24D. LOCATION (City, town, or county) (State) **DARTON, Md.**

DATE RECEIVED BY LOCAL REGISTRAR **APR 20 1953**

REGISTRAR'S SIGNATURE **H. E. Fisher**

25. FUNERAL DIRECTOR ADDRESS **William H. Fisher 2004 Orleans**

V.S. 151 N 804.2 76293

1993 54

1998 55

53 3812

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3812
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs Daisy Hamill (DAISY V. HAMILL)

2. DATE
OF
DEATH

4-16-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St. Agnes Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

-4237-Seidel 3031 Shannon Drive

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Sept. 15, 1913

9. AGE (in years
last birthday)

39 yrs

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Book-binding

10B. KIND OF BUSINESS OR
INDUSTRY

Book shop

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Walter Brooks

14. MOTHER'S MAIDEN NAME

Irene Chenoweth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.17. INFORMANT 4231 Seidel Avenue -6
Mrs. Mae Gerstner

18.

592X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Uremia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Chronic nephritis

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-11, 1953, to 4-16, 1953 that I last saw the
deceased alive on 4-16, 1953 and that death occurred at 8:30 p.m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)

burial

4/20/53

Lorraine Park Cemetery Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 20 1953

Huntington Williams, M.D.

HENRY SANDER & SONS, INC.

BALTO., 13, MD.

VS 150

5024M

Seymour F. Sander

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1985

1985

CERTIFICATE OF DEATH

1985

1985

1985

1985

1985

1985

1985

1985

1985

1985

1985

53 3813

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3813

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Schutz Anna ANNA MARIE SCHUTZ

2. DATE
OF
DEATH

4-19-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-05

C. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

3113 Rosalie av.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12/5/1900

9. AGE (In years
last birthday)

52

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Frederick W. Uehr

14. MOTHER'S M maiden name

Mary Anna Marie Landgraf

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT 3113 Rosalie Avenue
Mr. John Schutz

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Carcinoma of the breast.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-10, 1953, to 4-19, 1953, that I last saw the
deceased alive on 4-19, 1953, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

H. S. Schimmel M. D.

23B. ADDRESS

Franklin Square Hospital

23C. DATE SIGNED

4-19-1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

4/22/53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. H. W. Williams, Jr.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 13, MD.

8488 57

RECEIVED - 10-10-1963
HARRIS COUNTY DISTRICT

5-10-1963
HARRIS COUNTY DISTRICT

RECEIVED - 10-10-1963

HARRIS COUNTY DISTRICT

RECEIVED - 10-10-1963

HARRIS COUNTY DISTRICT

RECEIVED - 10-10-1963

HARRIS COUNTY DISTRICT

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RECEIVED - 10-10-1963

HARRIS COUNTY DISTRICT

RECEIVED - 10-10-1963

HARRIS COUNTY DISTRICT

RECEIVED - 10-10-1963

HARRIS COUNTY DISTRICT

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 3814**

BIRTH NO. **53 3814**

1. NAME OF DECEASED
(Type or Print) **BEAUCHAMP**

FRANKLIN Lee

2. DATE OF DEATH **4. 16. 53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Baltimore**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **MD**

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION **University Hospital**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 8-05

D. STREET ADDRESS (If rural, give location)
1728 Danley Ave.

c. Length of stay in Baltimore **Life**

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

9. 3. 47

9. AGE (In years last birthday)

5

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
nil

10B. KIND OF BUSINESS OR INDUSTRY
nil

11. BIRTHPLACE (State or foreign country)
Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?
U.S.A

13. FATHER'S NAME
Samuel Beauchamp

14. MOTHER'S MAIDEN NAME
Lillian F. Coleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
none

17. INFORMANT
Lillian Beauchamp

ADDRESS **1728 Danley Ave Baltimore**

18. **401.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Sub. Acute Bacterial**
DUE TO **Endo-carditis**

INTERVAL BETWEEN ONSET AND DEATH **1 week**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Rheumatic Carditis**
DUE TO **Acidosis, Pnaemia**

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
nil

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **4. 15**, 19**53**, to **4. 16**, 19**53** that I last saw the deceased alive on **4. 16**, 19**53**, and that death occurred at **8:55 A.m.**, from the causes and on the date stated above.

23A. SIGNATURE
Ochenyan

M. D.

23B. ADDRESS **University Hospital Baltimore MD** 23C. DATE SIGNED **4. 16. 53**

24A. BURIAL, CREMATION, REMOVAL (Specify)
burial

24B. DATE
4/20/53

24C. NAME OF CEMETERY OR CREMATORY
Parkwood Cemetery

24D. LOCATION (City, town, or county) (State)
Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE
H. H. Taylor

25. FUNERAL DIRECTOR

ADDRESS

HENRY SANDER & SONS, INC.

BALTO., 13, MD.

Henry P. Sander

STATE OF NEW YORK
CERTIFICATE OF DEATH

Blank form with horizontal lines for text entry.

53 3815

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3815

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Kenneth George Berger			2. DATE OF DEATH 4-19-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Hopkins Apartments, City B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18, Md. 12-02		
c. Length of stay in Baltimore 9 days			D. STREET ADDRESS (If rural, give location) Hopkins Apts, Apt No 317		
5. SEX MALE	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 24 1875		9. AGE (In years last birthday) 77
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book Buyer		10B. KIND OF BUSINESS OR INDUSTRY Book Buyer	11. BIRTHPLACE (State or foreign country) Philadelphia, Penna.		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME MR. GEORGE W. BERGER			14. MOTHER'S MAIDEN NAME CAMILLA MAYS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. 183-20-7266	17. INFORMANT ADDRESS MRS. MELISSA BERGER (same)		

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH Myocardial Infarction Arteriosclerotic heart disease.		INTERVAL BETWEEN ONSET AND DEATH _____
	(A) _____	DUE TO _____	
	(B) _____	DUE TO _____	
	(C) _____	DUE TO _____	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from April 10, 1953 to April 19, 1953 that I last saw the deceased alive on April 18, 1953 , and that death occurred at 12:10 PM, April 19, 1953 , from the causes and on the date stated above.					
23A. SIGNATURE Ambergan		23B. ADDRESS Union Memorial Hosp		23C. DATE SIGNED April 19, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 4-21-1953		24C. NAME OF CEMETERY OR CREMATORY CHARLES EVANS	
24D. LOCATION (City, town, or county) READING PA		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, MHA W. JENKINS & SONS Co. 4905 YORK RD.			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-200		BALTIMORE CITY HEALTH DEPARTMENT		53 3816	
53 3816		CERTIFICATE OF DEATH		Registered No. 53 3816	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		James K. KEECH		4-18-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		MD.		Baltimore	
805 Mc Car Ave		C. CITY OR TOWN TOWSON		(If outside corporate limits, write RURAL and give township)	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)		6303 YORKSHIRE DRIVE	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAR. 18, 1885	9. AGE (In years last birthday) 68	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSURANCE SALES		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MD.	
13. FATHER'S NAME JAMES K. KEECH		14. MOTHER'S MAIDEN NAME RACHEL JOHNS		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT HELEN S. KEECH	
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ARTERIO-SCLEROTIC HEART DISEASE		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Inspection</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. E. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED 4/19/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 4-22-1953		24C. NAME OF CEMETERY OR CREMATORY DRUID RIDGE	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams		24D. LOCATION (City, town or county) (State) PIKESVILLE MD.	
		25. FUNERAL DIRECTOR H. W. JENKINS & SONS Co		ADDRESS 4905 YORK RD	

3183

3183

3183

3183

53 3818

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3818

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MOHIE D COPLAN

2. DATE
OF
DEATH

4-19-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md

B. COUNTY

15-11 before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

3900 Helton Road

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3900 Helton Road

c. Length of stay in Baltimore

60

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (In years
last birthday)

73

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Patz

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

Russia

13. FATHER'S NAME

Abraham

14. MOTHER'S MAIDEN NAME

Anna

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

No

17. INFORMANT

Sidney Coplan -

ADDRESS

Frank

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Insufficiency

INTERVAL BETWEEN
ONSET AND DEATH

48 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertension CardioVasc. Disease

53 yr

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15, 1953, to April 19, 1953, that I last saw the deceased alive on April 19, 1953, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. M. J. Shilling

23B. ADDRESS

2426 Eastland Lane

23C. DATE SIGNED

4/19/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-20-53

24C. NAME OF CEMETERY OR CREMATORY

Hewitts Run

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

5. FUNERAL DIRECTOR

Jack Lewis

ADDRESS

2100 Canton Pl

Shulking
2426
Gutau
WCA 2661

3720 Kortouwa Rd
WCA 5024

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 3819**

BIRTH NO. **53 3819**

1. NAME OF DECEASED
(Type or Print) **Baby Girl "A" HOUCK**

2. DATE OF DEATH **4-19-53**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **MD.** B. COUNTY **BALTO.**

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION **SINAI HOSPITAL**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 5384

c. Length of stay in Baltimore **46 Hours**

D. STREET ADDRESS (If rural, give location)
31 McDiell Rd. #20

5. SEX **Fe**

6. COLOR OR RACE **W**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **S**

8. DATE OF BIRTH **4-17-53**

9. AGE (In years last birthday) **46** Months: Days: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **U.S.A.**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **CLAUDE HOUCK**

14. MOTHER'S MAIDEN NAME **MARIE EDITH**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS **HOSPITAL RECORDS**

18. **776X I**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH **46 Hrs.**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Immaturity**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **4-17-53**, 19__, to **4-19-53**, 19__, that I last saw the deceased alive on **4-19-53**, 19__ and that death occurred at **7:40 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Margaret S. [Signature]**

23B. ADDRESS **Sinai Hospital**

23C. DATE SIGNED **4-19-53**

24A. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**

24B. DATE **4-21-53**

24C. NAME OF CEMETERY OR CREMATORY **BEL AIR MEMPK**

24D. LOCATION (City, town, or county) (State) **BEL AIR MD**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE **H. K. McComa**

25. FUNERAL DIRECTOR

ADDRESS **ABINGDON, MD**

100-3010

100-3010



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. **53 3820**BIRTH NO. **53 3820**1. NAME OF DECEASED
(Type or Print)**Baby Girl B. Houck**2. DATE
OF
DEATH**4-18-53****5:30 p.m.**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Sinai Hosp.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND**BALTO.**B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)**Sinai Hospital
BALTO., MD.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE**5354**

D. STREET ADDRESS (If rural, give location)

31 McDiell Rd. #20

c. Length of stay in Baltimore

20 Hours

5. SEX

Fe

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

4-17-53

9. AGE (in years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours Min.

20 Hours**20 —**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

U.S.A. MARYLAND

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

CLAUDE HOUCK

14. MOTHER'S MAIDEN NAME

MARIE EDITH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

HOSPITAL RECORDS18. **776x**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Immaturity (2# kg.) 20 Hr.

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **4-17-53**, 19__, to **4-18-53**, 19__, that I last saw the deceased alive on **4-18-53**, 19__ and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Dr. Raymond L. Lefter

M. D.

23B. ADDRESS

Sinai Hosp.

23C. DATE SIGNED

4-19-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

4-21-53

24C. NAME OF CEMETERY OR CREMATORY

Bel Air Burial Pk.

24D. LOCATION (City, town, or county)

Bel Air

(State)

MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H. K. Mc Bros ABINGDON, MD

6800

July 12

1950

4-10

1950

1950

1950



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				Registered No. 53 3821	
CERTIFICATE OF DEATH					
BIRTH NO. 104 Les.					
1. NAME OF DECEASED (Type or Print) Baby Boly. Warfel			2. DATE OF DEATH April 19-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY Anne Arundel		
B. FULL NAME OF (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hanover		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) Rt 1 Box 484 5200		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	B. DATE OF BIRTH April 18, 1953		9. AGE (In years last birthday) 22
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Annapolis, Md.	
13. FATHER'S NAME Charles Weyfel, Jr.			14. MOTHER'S MAIDEN NAME Lois Warrick		
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT JOHNS HOPKINS HOSPITAL	
18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I Prematurity			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-18 , 19 53 to 4-19 , 19 53 , that I last saw the deceased alive on 4-19 , 19 53 , and that death occurred at m. , from the causes and on the date stated above.					
23A. SIGNATURE H. Williams			23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 4/19/53
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 5-20-53		24C. NAME OF CEMETERY OR CREMATORY Meadowdale	
24D. LOCATION (City, town, or county) Wash. D.C.		(State)			
DATE RECEIVED BY LOCAL REGISTRAR APR 20 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Long & Son	
				ADDRESS Shenandoah	

1982

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-262

BALTIMORE CITY HEALTH DEPARTMENT

53 3822 52-13084

CERTIFICATE OF DEATH

Registered No. 53 3822

BIRTH NO. 53 3822

1. NAME OF DECEASED (Type or Print) **JAMES R SIKORSKI, JR.**

2. DATE OF DEATH **4/19/53**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md** B. COUNTY

5. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-01

6. STREET ADDRESS (If rural, give location)
4161 Eierman Ave.

7. LENGTH OF STAY IN BALTIMORE **10 Mos. 27 Days**

8. SEX **M.** 9. COLOR OR RACE **W** 10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

11. DATE OF BIRTH **June 12, 1952** 12. AGE (In years last birthday) **10** If Under 1 Year Months; Days If Under 24 Hours Hours; Min.

13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Infant** 14. KIND OF BUSINESS OR INDUSTRY

15. BIRTHPLACE (State or foreign country) **Baltimore Md.** 16. CITIZEN OF WHAT COUNTRY? **US**

17. FATHER'S NAME **James R. Sikorsky** 18. MOTHER'S MAIDEN NAME **Regina M. Herrmann**

19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **NO** (If yes, give war or dates of service) 20. SOCIAL SECURITY NO.

21. INFORMANT **Jas. R. Sikorsky** ADDRESS **4161 Eierman Ave.**

22. CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
OTITIS Media - Left
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

23. INTERVAL BETWEEN ONSET AND DEATH

24. DATE OF OPERATION 25. MAJOR FINDINGS OF OPERATION 26. AUTOPSY? YES ☒ NO ☐

27. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. UTING ☐ CAUSE OF DEATH 28. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 29. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

30. TIME (Month) (Day) (Year) (Hour) OF INJURY 31. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 32. HOW DID INJURY OCCUR?

33. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

34. SIGNATURE **R. Fisher** M.D. 35. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐ 36. DATE SIGNED **4/19/53**

37. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 38. DATE **4-20-53** 39. NAME OF CEMETERY OR CREMATORY **Holy Redeemer** 40. LOCATION (City, town, or county) (State) **Balto. Md**

41. DATE RECEIVED BY LOCAL REGISTRAR **APR 20 1953** 42. REGISTRAR'S SIGNATURE **W. H. Harrison** 43. FUNERAL DIRECTOR **Philip F. Groch** ADDRESS **2716 E. Monument St.**

V S 151

SSS

57

RECEIVED THE OFFICE OF THE

STANDARD OF QUALITY

SSS

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-436

53 3823

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3823

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HERMINE (MINNIE) SCHLOTHAUER		2. DATE OF DEATH April 17/1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 4703 Hampnett Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-01	
D. STREET ADDRESS (If rural, give location) 5014 Belair Road			
c. Length of stay in Baltimore Yrs. Mos. Days			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 24, 1877
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 75 If Under 1 Year Months Days If Under 24 Hours Hours Min.
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ? Schmidt		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Clement Lovett, 5014 Belair Road		ADDRESS	
18. 334X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Lower pneumonia left 2 days DUE TO Lower lobe (terminal) (B) Atherosclerosis cerebral DUE TO Atherosclerosis, generalized (C) Atherosclerosis, hypertrophic INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1950, to Apr 17, 1953, that I last saw the deceased alive on Apr 17, 1953, and that death occurred at 8:48 p.m., from the causes and on the date stated above.			
23A. SIGNATURE Charles N. Lewis		23B. ADDRESS 4200 Parkwood Ave	
23C. DATE SIGNED 4/18/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4-21-53	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	24D. LOCATION (City, town, or county) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 20 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Road.	

VS 150

Dr. Sevelk
4200 Parkwood Ave. - 7 PM
~~3601 Alissa Avenue~~

[Faint handwritten signature]

[Faint handwritten signature]

[Faint handwritten signature]
[Faint handwritten signature]
[Faint handwritten signature]
[Faint handwritten signature]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-362

53 3824

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) **KEITH J. WITT ROCK**

2. DATE OF DEATH **4/17/53**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION **Union Memorial Hospital**

C. Length of stay in Baltimore

5. SEX **male**

6. COLOR OR RACE **white**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **single**

8. DATE OF BIRTH **Sept. 10, 1942**

9. AGE (In years last birthday) **10**

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Child**

11. BIRTHPLACE (State or foreign country) **Stockton, California**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **Major Jack E. Wittrock**

14. MOTHER'S MAIDEN NAME **Georgia E. Stevens**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **(If yes, give war or dates of service)**

16. SOCIAL SECURITY NO.

17. INFORMANT **Major Jack E. Wittrock**

ADDRESS **croft 1352 Cedar-**

18. **E845X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Rupture of Liver

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

19. DATE OF OPERATION

19A. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? **YES** ☒ **NO** ☐

21. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. ☒ **STREET**

21A. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) **1436 Cedarcroft Rd**

21B. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) **Comp down hill.**

21C. TIME (Month) (Day) (Year) (Hour) OF INJURY **4 17 53 4:30**

21D. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ **Wagon overturned - threw him out**

22. I certify that I took charge of the remains described above, held an **AUTOPSY** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23. SIGNATURE **W. F. Fisher**

23A. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23B. DATE SIGNED **4-18-53**

24. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24A. DATE **4-21-53**

24B. NAME OF CEMETERY OR CREMATORY **Arlington National**

24C. LOCATION (City, town, or county) (State) **Arlington, Virginia**

DATE RECEIVED BY LOCAL REGISTRAR **APR 20 1953**

REGISTRAR'S SIGNATURE **Leonard J. Ruck**

25. FUNERAL DIRECTOR **Leonard J. Ruck**

ADDRESS **5305 Harford Road**

VS 151 **N 864.2**

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3824
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 3825

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3825
Registered No.

1. NAME OF DECEASED (Type or Print)		JOSEPH DIEGELMAN		2. DATE OF DEATH April 18, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 5440 Belair Road			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-05		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 820 Broadway		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Mar. 24, 1881	9. AGE (In years last birthday) 72	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Plumber			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
13. FATHER'S NAME Joseph H. Diegelman			14. MOTHER'S MAIDEN NAME Susanna Anders		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 217-07-2015	17. INFORMANT ADDRESS Mr. Frank Diegelman, 4127 Eierman		
18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH (A) Coronary Artery Occlusion DUE TO (B) Arterio-Sclerosis DUE TO (C) Diabetes Mellitus		INTERVAL BETWEEN ONSET AND DEATH 1/2 hr 10 yr 15 yr
II OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/26/53, 19, to 3/22/53, 19, that I last saw the deceased alive on 3/20/53, 19, and that death occurred at 6:30 p.m., from the causes and on the date stated above.					
23A. SIGNATURE C. S. Serna		23B. ADDRESS 20742 Belvidere Rd		23C. DATE SIGNED 4/19/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-21-53		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. FUNERAL DIRECTOR Leonard J. Ruck		24F. ADDRESS 5305 Harford Road	
DATE RECEIVED BY LOCAL REGISTRAR APR 20 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Leonard J. Ruck	

Dr. Sime
Woodbourne and Belvedere

53 3826

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3826

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

Reverend William Neligan

2. DATE

OF

DEATH

4-19-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Jenkins Memorial Hosp

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

Maryland

B. COUNTY

(before admission)

B. FULL NAME OF

HOSPITAL OR

INSTITUTION

Jenkins Memorial Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write full name of town, city, and give township)

D. STREET ADDRESS (If rural, give location)

Jenkins Memorial

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

S

B. DATE OF BIRTH

January 7, 1891 62 yrs

9. AGE (In years

last birthday)

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Priest

10B. KIND OF BUSINESS OR INDUSTRY

Roman Catholic

11. BIRTHPLACE (State or foreign country)

Washington, D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Patrick Neligan

14. MOTHER'S MAIDEN NAME

Marie Hickey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records.

1B.

260x 1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Acute myocardial infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Decompensation grade III
A. C. R. D.

(C)

L. Mellitus

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from November, 1952 to 4/19, 1953, that I last saw the deceased alive on 4/18, 1953, and that death occurred at 11:05 PM, from the causes and on the date stated above.

23A. SIGNATURE

George Elton

M. D.

23B. ADDRESS

J.B. Agnew Hospital

23C. DATE SIGNED

4/19/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4-21-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

24D. LOCATION (City, town, or county)

Washington, D.C.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. H. Williams

25. FUNERAL DIRECTOR

Leonard J. Buck

ADDRESS

5305 Harford Road.

3382

CERTIFICATE OF DEATH

Married

John W. S. 1901

Married

Married

Married

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3827

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MR. John CROUGH

2. DATE
OF
DEATH

4-18-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

ST. Agnes Hospital

C. CITY OR TOWN

Baltimore

If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1817 Summit Ave.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

11-4-1884

9. AGE (in years
last birthday)

68

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

BLACKSMITH

10B. KIND OF BUSINESS OR
INDUSTRY

B. & O. R. R.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

WILBUR CROUGH 1817 SUMMIT AVE.

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

(B)

Coronary Artery Occlusion

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-15, 1953 to 4-18, 1953 that I last saw the
deceased alive on 4-15, 1953, and that death occurred at 2:25 AM from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

April 21, 1953

24C. NAME OF CEMETERY OR CREMATORY

LODEN PARK

24D. LOCATION (City, town, or county)

BALTIMORE, MARYLAND

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 20 1953

Huntington Williams, Joseph T. Ambrose, Jr. 1328 Cluff Ave. S.E.

VS 150

501 50

STATE OF TEXAS
COUNTY OF DALLAS
CITY OF DALLAS

IN WITNESS WHEREOF, I have hereunto set my hand and seal of office, this 1st day of January, 1901.

Attest my hand and seal of office, this 1st day of January, 1901.

Notary Public in and for the State of Texas.

My commission expires on the 1st day of January, 1902.

Witness my hand and seal of office, this 1st day of January, 1901.

Notary Public in and for the State of Texas.

My commission expires on the 1st day of January, 1902.

Witness my hand and seal of office, this 1st day of January, 1901.

Notary Public in and for the State of Texas.

My commission expires on the 1st day of January, 1902.

Witness my hand and seal of office, this 1st day of January, 1901.

Notary Public in and for the State of Texas.

My commission expires on the 1st day of January, 1902.

53 3828

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3828

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Eugene P. Ward

2. DATE
OF
DEATH

April 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2106 Chelsea Terrace

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-09

c. Length of stay in Baltimore
35 - Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2106 Chelsea Terrace

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Apr. 6, 1874

9. AGE (In years,
last birthday)

79

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR
INDUSTRY

Painting

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Ward

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. Nellie D. Ward 2106 Chelsea Terr.

18. 331X and 140X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebro Vascular accident

22 days

DUE TO

ANTECEDENT CAUSES

(B)

Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Ca of lower lip

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/2, 1952, to 4/17, 1953, that I last saw the
deceased alive on 4/17, 1953, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Paul R. Ziegler

23B. ADDRESS

3723 Edmonston Ave

23C. DATE SIGNED

4/18/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-21-1953

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore,

(State)
Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.,

Dr Paul R. Ziegler

3723 Edmondson Ave

11 AM - 1 PM LO 2016

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3829

53 3829
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

Maude N. Scott

2. DATE
OF DEATH APR 19 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

(before admission)

Md.

Frederick

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Frederick

D. STREET ADDRESS (If rural, give location)

406 GRANT PLACE

6011

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

female white

married

4-25-92

60

10A. USUAL OCCUPATION (Give kind of
occupation during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Fred Abel

14. MOTHER'S MAIDEN NAME

Betty Eberhart

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 199.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

INTRA-ABDOMINAL SARCOMATOSIS

2

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-9-1953 to 4-19-1953 that I last saw the
deceased alive on 4-19-1953, and that death occurred at 1:18 AM., from the causes and on the date stated above.

23A. SIGNATURE

J. Ralph Drum Jr.

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

4.29.53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

4-22-1953

Mt. Olivet

Frederick

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

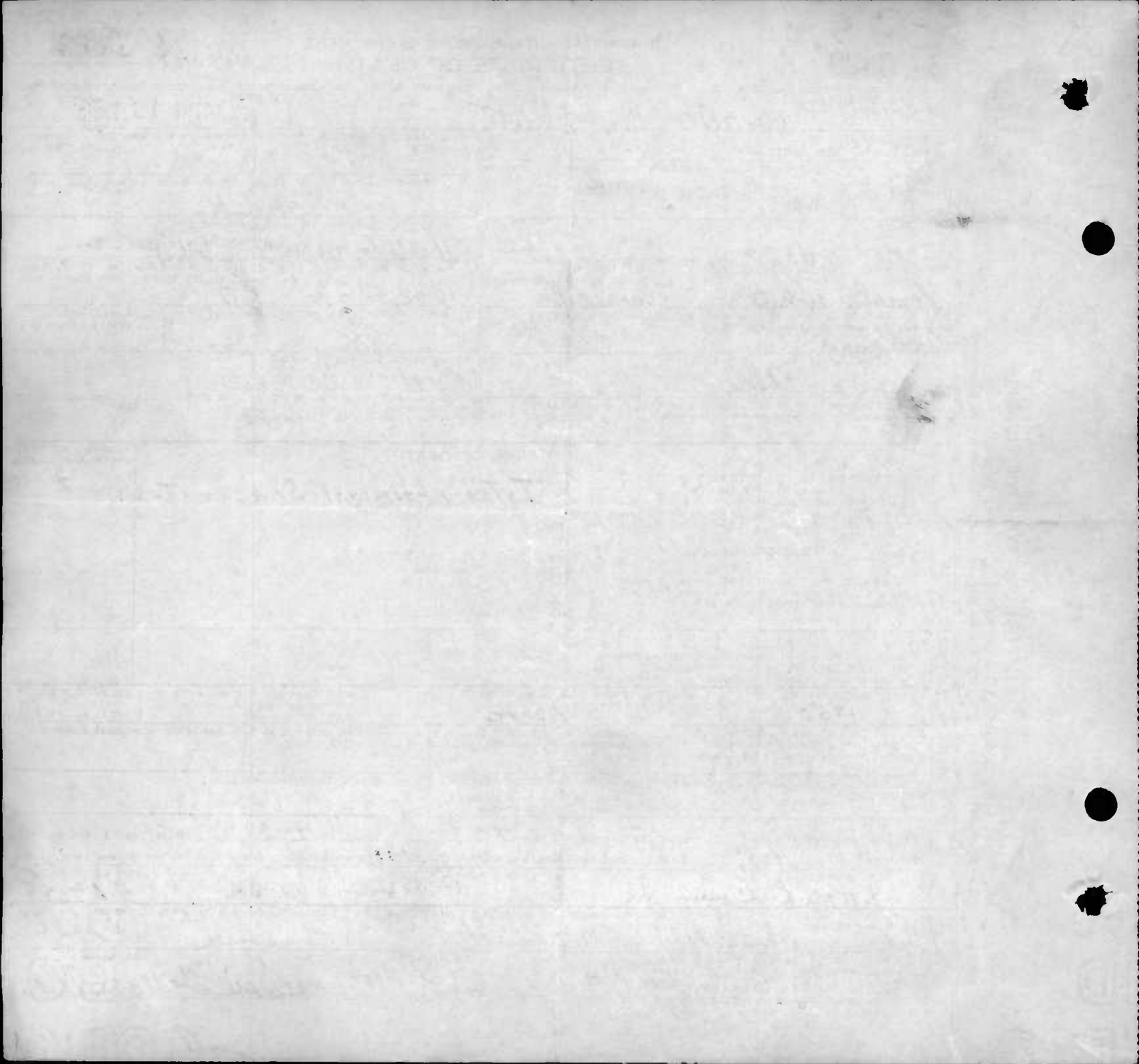
25. FUNERAL DIRECTOR

ADDRESS

APR 20 1953

Huntington Williams, M.D.

M. R. Etchison, Son Frederick Md



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 3830

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3830

BIRTH NO. 52-25014

1. NAME OF DECEASED
(Type or Print)

BARBARA

GOLDEN

2. DATE
OF
DEATH

April 16, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

University Hospital. D.O.A.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

622 W. Franklin Street

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

10-17-52

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CHILD

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

EDGAR

GOLDEN, D.C.

14. MOTHER'S MAIDEN NAME

VIOLA L. OWENS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

Barbara L. Golden 622 W. Franklin St.

18.

525X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Interstitial pneumonia

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Wood

23B. CHIEF MEDICAL EXAMINER

M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

April 17, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

4/20/53

24C. NAME OF CEMETERY OR CREMATORY

MT. AUBURN CEM.

24D. LOCATION (City, town, or county)

BALTIMORE

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

William A. Jackson

ADDRESS

914

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1. NAME OF DECEASED (Type or Print) Evelyn A. Brooks		2. DATE OF DEATH APR 18 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland Med. Order 4 B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-05 D. STREET ADDRESS (If rural, give location) 2511 Calverton Hts. Ave	
c. Length of stay in Baltimore Life		Yrs. Mos. Days	
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S.P.	B. DATE OF BIRTH 4-11-01 9. AGE (In years last birthday) 52 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife 10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md. 12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Robert Monroe 14. MOTHER'S MAIDEN NAME Anna Laws	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	
18. 465X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) multiple pulmonary emboli DUE TO (B) DUE TO (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. hypertensive cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH 3 weeks	
19A. DATE OF OPERATION ✓	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-9- 1953, to 4-18- 1953 that I last saw the deceased alive on 4-18- 1953, and that death occurred at 5:30 am from the causes and on the date stated above.			
23A. SIGNATURE Richard Johns		23C. DATE SIGNED 18 Apr 53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4-22-52	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR ADDRESS Wm. A. Jackson 916 Conner Ave	
REGISTRAR'S SIGNATURE Wm. A. Jackson			

1911

RECEIVED OF THE UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LANDS

1911

100 % 40
BOND

WATER

53 3832

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 3832

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GARDNER S. STORRS

2. DATE
OF
DEATH

4/16/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

Anne Arundel

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Hm. Hoop

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Linthicum Heights township)

D. STREET ADDRESS (If rural, give location)

305 W. Hawthorne Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 5, 1886

9. AGE (In years
last birthday)

66

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Auditor (rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

Street Railways

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Gardner Storrs

14. MOTHER'S MAIDEN NAME

Nettie E. Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL
SECURITY NO.
213-10-3003

17. INFORMANT

Mrs. Lillian N. Storrs - 305 W. Hawthorne, Linthicum Hgts. Md.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/16/53, 19__, to 4/16/53, 19__, that I last saw the
deceased alive on 4/16/53 19__, and that death occurred at 4:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. M. Decker

M. O.

23B. ADDRESS

Hm. Hoop

23C. DATE SIGNED

4/16

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/20/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. M. Decker & Sons

ADDRESS

Baltimore 17, Md.

VS 150

00051

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY

PLACE OF ENTRY

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY

PLACE OF ENTRY

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

2

•

•

•

A-636
53 3833BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3833

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Hewitt

Dr. Helen Arthur

2. DATE
OF
DEATH

April 17, 53

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 10 27-13

D. STREET ADDRESS (If rural, give location)

5303 Falls Road

c. Length of stay in Baltimore

12

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

7/27/18

9. AGE (In years
last birthday)

34

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Psychiatrist

10B. KIND OF BUSINESS OR
INDUSTRY

self employed

11. BIRTHPLACE (State or foreign country)

Washington

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Irenius P. Hewitt

14. MOTHER'S MAIDEN NAME

Margaret - -

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Dr. John M. Arthur - 5303 Falls Rd. Terr

18. 422.2 and 649X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

Myocarditis, etiology undetermined

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Intra Uterine Pregnancy of 5 mos.
DUE TO gestation - undelivered

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 17, 1953 to Apr. 17, 1953 that I last saw the
deceased alive on Apr. 17, 1953 and that death occurred at 1:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

C. E. Stennett

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

Apr. 17, 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

4/20/53

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Crem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. J. Dickner & Sons

ADDRESS

Balto 17, Md.

VS 150

07585

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF AGRICULTURE
OFFICE OF THE SECRETARY

WASHINGTON, D. C.

February 1, 1911

Dear Sir:

I have the honor to acknowledge the receipt of your letter of the 28th inst.

and in reply to inform you that the same has been forwarded to the

proper authorities for their consideration.

I am, Sir, very respectfully,
Yours very truly,
J. B. H. [Signature]

Assistant Secretary

U. S. Department of Agriculture

Washington, D. C.

Enclosed for you are two copies of a report of the

Commissioner of the General Land Office, dated January 10, 1911,

in relation to the proposed sale of certain lands in the

State of California.

I am, Sir, very respectfully,
Yours very truly,
J. B. H. [Signature]

Assistant Secretary

U. S. Department of Agriculture

Washington, D. C.

Very truly yours,
J. B. H. [Signature]

Assistant Secretary

U. S. Department of Agriculture

Washington, D. C.

Very truly yours,
J. B. H. [Signature]

Assistant Secretary

U. S. Department of Agriculture

Washington, D. C.

Very truly yours,
J. B. H. [Signature]

Assistant Secretary

U. S. Department of Agriculture

Washington, D. C.

Very truly yours,
J. B. H. [Signature]

Assistant Secretary

U. S. Department of Agriculture

Washington, D. C.

Very truly yours,
J. B. H. [Signature]

Assistant Secretary

U. S. Department of Agriculture

Washington, D. C.

Very truly yours,
J. B. H. [Signature]

Assistant Secretary

U. S. Department of Agriculture

Washington, D. C.

Very truly yours,
J. B. H. [Signature]

Assistant Secretary

U. S. Department of Agriculture

Washington, D. C.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3834
Registered No.

53 3834
BIRTH NO.

1. NAME OF DECEASED (Type or Print) CLAUDE H. GRINER			2. DATE OF DEATH April 17, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2115 Longwood St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 2115 Longwood St.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 14, 1871		9. AGE (In years last birthday) 82
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stopper Grinder		10B. KIND OF BUSINESS OR INDUSTRY Glass Mfg.	11. BIRTHPLACE (State or foreign country) New Jersey		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Thomas Griner			14. MOTHER'S MAIDEN NAME Edith Donnelly		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 218-09-1878	17. INFORMANT ADDRESS Mrs. Matilda E. Griner - 2115 Longwood St		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Insufficiency (A) DUE TO Arteriosclerosis ANTECEDENT CAUSES Senility (B) DUE TO _____ (C) DUE TO _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Jan 1st 1953 to Apr 17th 1953 , that I last saw the deceased alive on Apr 17, 1953 and that death occurred at 11:20 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE M. B. Byady		23B. ADDRESS 3033 W. North Ave.		23C. DATE SIGNED 4/18/53	
24A. BURIAL CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/20/53	24C. NAME OF CEMETERY OR CREMATORY Lorraine Cem.	24D. LOCATION (City, town, or county) (State) Woodlawn, Md.		
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Thurston Williams, M.D.	25. FUNERAL DIRECTOR Wm. J. Pickner & Sons		ADDRESS Waco 17, Md.	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

RASTHORN CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of coroner		11. Signature of funeral director		12. Signature of witness	
13. Signature of undertaker		14. Signature of cemetery		15. Signature of burial place		16. Signature of interment	
17. Signature of burial place		18. Signature of interment		19. Signature of burial place		20. Signature of interment	
21. Signature of burial place		22. Signature of interment		23. Signature of burial place		24. Signature of interment	
25. Signature of burial place		26. Signature of interment		27. Signature of burial place		28. Signature of interment	
29. Signature of burial place		30. Signature of interment		31. Signature of burial place		32. Signature of interment	
33. Signature of burial place		34. Signature of interment		35. Signature of burial place		36. Signature of interment	
37. Signature of burial place		38. Signature of interment		39. Signature of burial place		40. Signature of interment	
41. Signature of burial place		42. Signature of interment		43. Signature of burial place		44. Signature of interment	
45. Signature of burial place		46. Signature of interment		47. Signature of burial place		48. Signature of interment	
49. Signature of burial place		50. Signature of interment		51. Signature of burial place		52. Signature of interment	
53. Signature of burial place		54. Signature of interment		55. Signature of burial place		56. Signature of interment	
57. Signature of burial place		58. Signature of interment		59. Signature of burial place		60. Signature of interment	
61. Signature of burial place		62. Signature of interment		63. Signature of burial place		64. Signature of interment	
65. Signature of burial place		66. Signature of interment		67. Signature of burial place		68. Signature of interment	
69. Signature of burial place		70. Signature of interment		71. Signature of burial place		72. Signature of interment	
73. Signature of burial place		74. Signature of interment		75. Signature of burial place		76. Signature of interment	
77. Signature of burial place		78. Signature of interment		79. Signature of burial place		80. Signature of interment	
81. Signature of burial place		82. Signature of interment		83. Signature of burial place		84. Signature of interment	
85. Signature of burial place		86. Signature of interment		87. Signature of burial place		88. Signature of interment	
89. Signature of burial place		90. Signature of interment		91. Signature of burial place		92. Signature of interment	
93. Signature of burial place		94. Signature of interment		95. Signature of burial place		96. Signature of interment	
97. Signature of burial place		98. Signature of interment		99. Signature of burial place		100. Signature of interment	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 3835BIRTH NO. 53 38351. NAME OF DECEASED
(Type or Print)

JAMES MARLON OWINGS

2. DATE
OF
DEATH

4/18/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2411 N. Charles St.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

5/7/1875

9. AGE (in years
last birthday)

77

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Carpenter (rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

Odd Jobs

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

WESLEY M. OWINGS

14. MOTHER'S MAIDEN NAME

MARGARET WILLIAMS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

211-12-0287A

17. INFORMANT

ADDRESS

Md.

Mr. Maurice Owings-RFD#6, Box 215F-Towson

18. 143X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CACHEXIA

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

Recurrent Cw Floor Mould

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Malnutrition.

19A. DATE OF OPERATION

Jan 14, 1953

19B. MAJOR FINDINGS OF OPERATION

Ca Floor of Mould

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 20, 1952, to April 18, 1953, that I last saw the deceased alive on April 17, 1953, and that death occurred at 4:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert G. Lyden

M. D.

23B. ADDRESS

Mary

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/20/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

J. Pickens & Sons

ADDRESS

Barto 17, Md.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53-3836**

53-3836

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

August H. STEINMETZ

2. DATE
OF
DEATH

4/18/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1608 E. 28th St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

1608 E. 28th St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

June 25, 1892

9. AGE (In years last birthday)

60

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

meat cutter

10B. KIND OF BUSINESS OR INDUSTRY

wholesale meats

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Henry Steinmetz

14. MOTHER'S MAIDEN NAME

Pauline Haussler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Esther A. Steinmetz-1608 E. 28th St.

18. *150X*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

3/20/53

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Esophagus

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-7-53* to *4-18-53*, that I last saw the deceased alive on *4-10-53* and that death occurred at *9 P* m., from the causes and on the date stated above.

23A. SIGNATURE

John E Miller

23B. ADDRESS

1114 St Paul. Street

23C. DATE SIGNED

4/18/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/22/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Tiekner & Sons

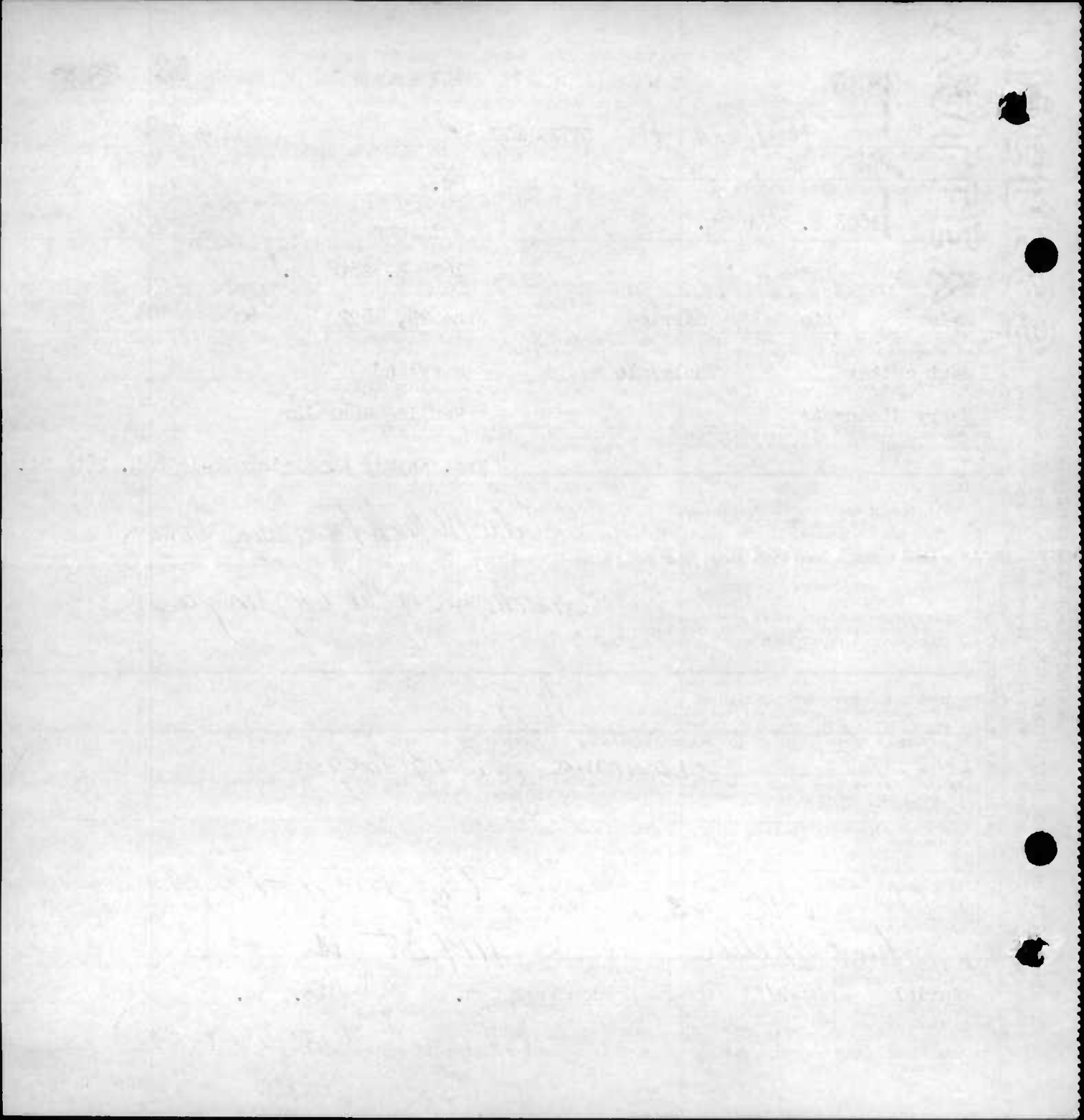
VS 150

69063

Balto. 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct address is especially important. Physicians: please write the causes of death clearly and legibly.



53 3837

53 3837

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert W. Cousins

2. DATE
OF
DEATH

4/17/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

345 Scott St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. 21-01

D. STREET ADDRESS (If rural, give location)

345 Scott St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

5/5/1886

9. AGE (In years
last birthday)

66

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Boiler Maker

10B. KIND OF BUSINESS OR
INDUSTRY

Machinery

11. BIRTHPLACE (State or foreign country)

Norfolk Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

(Unknown) Cousins

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

224-14-0755

17. INFORMANT

Robt. V. Cousins 1034
W. Lombard St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

7 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardio-Vascular Disease

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 16, 1953 to April 17th, 1953 that I last saw the
deceased alive on April 17, 1953, and that death occurred at 3 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Harry Glassman

23B. ADDRESS

2687 Markers Ave

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/20/53

24C. NAME OF CEMETERY OR CREMATORY

St. Peters

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. G. McKee, Inc. 1217 St. Paul St.

VS 150

5033D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1963-03-08

CENTRICITY OF DEATH

1963-03-08

1. NAME OF DECEASED		2. SEX		3. AGE	
4. DATE OF DEATH		5. TIME OF DEATH		6. PLACE OF DEATH	
7. CAUSE OF DEATH		8. MANNER OF DEATH		9. SIGNATURE OF PHYSICIAN	
10. SIGNATURE OF CORONER		11. SIGNATURE OF JURY		12. SIGNATURE OF WITNESSES	

13. SIGNATURE OF DECEASED		14. SIGNATURE OF NEXT OF KIN		15. SIGNATURE OF WITNESSES	
16. SIGNATURE OF PHYSICIAN		17. SIGNATURE OF CORONER		18. SIGNATURE OF JURY	
19. SIGNATURE OF WITNESSES		20. SIGNATURE OF DECEASED		21. SIGNATURE OF NEXT OF KIN	
22. SIGNATURE OF PHYSICIAN		23. SIGNATURE OF CORONER		24. SIGNATURE OF JURY	
25. SIGNATURE OF WITNESSES		26. SIGNATURE OF DECEASED		27. SIGNATURE OF NEXT OF KIN	
28. SIGNATURE OF PHYSICIAN		29. SIGNATURE OF CORONER		30. SIGNATURE OF JURY	
31. SIGNATURE OF WITNESSES		32. SIGNATURE OF DECEASED		33. SIGNATURE OF NEXT OF KIN	
34. SIGNATURE OF PHYSICIAN		35. SIGNATURE OF CORONER		36. SIGNATURE OF JURY	
37. SIGNATURE OF WITNESSES		38. SIGNATURE OF DECEASED		39. SIGNATURE OF NEXT OF KIN	
40. SIGNATURE OF PHYSICIAN		41. SIGNATURE OF CORONER		42. SIGNATURE OF JURY	
43. SIGNATURE OF WITNESSES		44. SIGNATURE OF DECEASED		45. SIGNATURE OF NEXT OF KIN	
46. SIGNATURE OF PHYSICIAN		47. SIGNATURE OF CORONER		48. SIGNATURE OF JURY	
49. SIGNATURE OF WITNESSES		50. SIGNATURE OF DECEASED		51. SIGNATURE OF NEXT OF KIN	
52. SIGNATURE OF PHYSICIAN		53. SIGNATURE OF CORONER		54. SIGNATURE OF JURY	
55. SIGNATURE OF WITNESSES		56. SIGNATURE OF DECEASED		57. SIGNATURE OF NEXT OF KIN	
58. SIGNATURE OF PHYSICIAN		59. SIGNATURE OF CORONER		60. SIGNATURE OF JURY	
61. SIGNATURE OF WITNESSES		62. SIGNATURE OF DECEASED		63. SIGNATURE OF NEXT OF KIN	
64. SIGNATURE OF PHYSICIAN		65. SIGNATURE OF CORONER		66. SIGNATURE OF JURY	
67. SIGNATURE OF WITNESSES		68. SIGNATURE OF DECEASED		69. SIGNATURE OF NEXT OF KIN	
70. SIGNATURE OF PHYSICIAN		71. SIGNATURE OF CORONER		72. SIGNATURE OF JURY	
73. SIGNATURE OF WITNESSES		74. SIGNATURE OF DECEASED		75. SIGNATURE OF NEXT OF KIN	
76. SIGNATURE OF PHYSICIAN		77. SIGNATURE OF CORONER		78. SIGNATURE OF JURY	
79. SIGNATURE OF WITNESSES		80. SIGNATURE OF DECEASED		81. SIGNATURE OF NEXT OF KIN	
82. SIGNATURE OF PHYSICIAN		83. SIGNATURE OF CORONER		84. SIGNATURE OF JURY	
85. SIGNATURE OF WITNESSES		86. SIGNATURE OF DECEASED		87. SIGNATURE OF NEXT OF KIN	
88. SIGNATURE OF PHYSICIAN		89. SIGNATURE OF CORONER		90. SIGNATURE OF JURY	
91. SIGNATURE OF WITNESSES		92. SIGNATURE OF DECEASED		93. SIGNATURE OF NEXT OF KIN	
94. SIGNATURE OF PHYSICIAN		95. SIGNATURE OF CORONER		96. SIGNATURE OF JURY	
97. SIGNATURE OF WITNESSES		98. SIGNATURE OF DECEASED		99. SIGNATURE OF NEXT OF KIN	
100. SIGNATURE OF PHYSICIAN		101. SIGNATURE OF CORONER		102. SIGNATURE OF JURY	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Wright, Mrs Katherine

2. DATE
OF
DEATH

4-18-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Church Home & Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

879 N. Howard Street

C. Length of stay in Baltimore

Life

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

42-31-1877

9. AGE (In years last birthday)

76

If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wagner Mr George

14. MOTHER'S MAIDEN NAME

Winters Julia

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Valient

ADDRESS

18. *420.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Myocardial Infarction*

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

One week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Coronary Thrombosis*

DUE TO

unknown

(C) _____

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *4-12-53*, 1953, to *4-18-53*, 1953 that I last saw the deceased alive on *4-18-53*, 1953, and that death occurred at *7:20 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

23B. ADDRESS

Church Home & Hospital

23C. DATE SIGNED

4-18-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/21/53

24C. NAME OF CEMETERY OR CREMATORY

Louisa Park

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Boh Inc. 1217 St. Paul st

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM

TO : SAC, NEW YORK (100-100000)
FROM : SAC, NEW YORK (100-100000)
SUBJECT: [Illegible]

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3839

Registered No. _____

53 3839

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Isabell F. Holtman

2. DATE
OF
DEATH

April 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

3451 Chessell Court

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3451 Chessell Court

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

September 4, 1880

9. AGE (In years last birthday)

72

10 Under 1 Year 11 Under 24 Hours

Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Stuhler

14. MOTHER'S MAIDEN NAME

Isabell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Ernest Holtman, 3451 Chessell Court

18. 491X 1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Pneumonia

1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

5 chigo - Phnuia

years

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19 herniated arthrosis

years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan, 1952, to April 18, 1953, that I last saw the deceased alive on April 16, 1953, and that death occurred at 1 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Edney R. Thla

23B. ADDRESS

4707 Pennung Tr, Wc.

23C. DATE SIGNED

April 20, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

4/21/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 St. Paul Street

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1212-02-9472

CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF BIRTH		5. PLACE OF BIRTH	
6. OCCUPATION		7. MARITAL STATUS		8. CAUSE OF DEATH		9. PLACE OF DEATH		10. TIME OF DEATH	
11. SIGNATURE OF DECEASED		12. SIGNATURE OF WITNESS		13. SIGNATURE OF PHYSICIAN		14. SIGNATURE OF MINISTER		15. SIGNATURE OF CORONER	
16. SIGNATURE OF JUDGE		17. SIGNATURE OF CLERK		18. SIGNATURE OF SHERIFF		19. SIGNATURE OF DEPUTY SHERIFF		20. SIGNATURE OF JURY	
21. SIGNATURE OF DISTRICT ATTORNEY		22. SIGNATURE OF COUNTY CLERK		23. SIGNATURE OF COUNTY SHERIFF		24. SIGNATURE OF COUNTY DEPUTY SHERIFF		25. SIGNATURE OF COUNTY JURY	
26. SIGNATURE OF COUNTY JUDGE		27. SIGNATURE OF COUNTY CLERK		28. SIGNATURE OF COUNTY SHERIFF		29. SIGNATURE OF COUNTY DEPUTY SHERIFF		30. SIGNATURE OF COUNTY JURY	
31. SIGNATURE OF COUNTY JUDGE		32. SIGNATURE OF COUNTY CLERK		33. SIGNATURE OF COUNTY SHERIFF		34. SIGNATURE OF COUNTY DEPUTY SHERIFF		35. SIGNATURE OF COUNTY JURY	
36. SIGNATURE OF COUNTY JUDGE		37. SIGNATURE OF COUNTY CLERK		38. SIGNATURE OF COUNTY SHERIFF		39. SIGNATURE OF COUNTY DEPUTY SHERIFF		40. SIGNATURE OF COUNTY JURY	
41. SIGNATURE OF COUNTY JUDGE		42. SIGNATURE OF COUNTY CLERK		43. SIGNATURE OF COUNTY SHERIFF		44. SIGNATURE OF COUNTY DEPUTY SHERIFF		45. SIGNATURE OF COUNTY JURY	
46. SIGNATURE OF COUNTY JUDGE		47. SIGNATURE OF COUNTY CLERK		48. SIGNATURE OF COUNTY SHERIFF		49. SIGNATURE OF COUNTY DEPUTY SHERIFF		50. SIGNATURE OF COUNTY JURY	
51. SIGNATURE OF COUNTY JUDGE		52. SIGNATURE OF COUNTY CLERK		53. SIGNATURE OF COUNTY SHERIFF		54. SIGNATURE OF COUNTY DEPUTY SHERIFF		55. SIGNATURE OF COUNTY JURY	
56. SIGNATURE OF COUNTY JUDGE		57. SIGNATURE OF COUNTY CLERK		58. SIGNATURE OF COUNTY SHERIFF		59. SIGNATURE OF COUNTY DEPUTY SHERIFF		60. SIGNATURE OF COUNTY JURY	
61. SIGNATURE OF COUNTY JUDGE		62. SIGNATURE OF COUNTY CLERK		63. SIGNATURE OF COUNTY SHERIFF		64. SIGNATURE OF COUNTY DEPUTY SHERIFF		65. SIGNATURE OF COUNTY JURY	
66. SIGNATURE OF COUNTY JUDGE		67. SIGNATURE OF COUNTY CLERK		68. SIGNATURE OF COUNTY SHERIFF		69. SIGNATURE OF COUNTY DEPUTY SHERIFF		70. SIGNATURE OF COUNTY JURY	
71. SIGNATURE OF COUNTY JUDGE		72. SIGNATURE OF COUNTY CLERK		73. SIGNATURE OF COUNTY SHERIFF		74. SIGNATURE OF COUNTY DEPUTY SHERIFF		75. SIGNATURE OF COUNTY JURY	
76. SIGNATURE OF COUNTY JUDGE		77. SIGNATURE OF COUNTY CLERK		78. SIGNATURE OF COUNTY SHERIFF		79. SIGNATURE OF COUNTY DEPUTY SHERIFF		80. SIGNATURE OF COUNTY JURY	
81. SIGNATURE OF COUNTY JUDGE		82. SIGNATURE OF COUNTY CLERK		83. SIGNATURE OF COUNTY SHERIFF		84. SIGNATURE OF COUNTY DEPUTY SHERIFF		85. SIGNATURE OF COUNTY JURY	
86. SIGNATURE OF COUNTY JUDGE		87. SIGNATURE OF COUNTY CLERK		88. SIGNATURE OF COUNTY SHERIFF		89. SIGNATURE OF COUNTY DEPUTY SHERIFF		90. SIGNATURE OF COUNTY JURY	
91. SIGNATURE OF COUNTY JUDGE		92. SIGNATURE OF COUNTY CLERK		93. SIGNATURE OF COUNTY SHERIFF		94. SIGNATURE OF COUNTY DEPUTY SHERIFF		95. SIGNATURE OF COUNTY JURY	
96. SIGNATURE OF COUNTY JUDGE		97. SIGNATURE OF COUNTY CLERK		98. SIGNATURE OF COUNTY SHERIFF		99. SIGNATURE OF COUNTY DEPUTY SHERIFF		100. SIGNATURE OF COUNTY JURY	

CERTIFICATE OF ADOPTION

APPROVED

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3841

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Carrie C. Fresch

2. DATE
OF
DEATH

4/18/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

11-02

D. STREET ADDRESS (If rural, give location).

39 West Preston

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

1807 Dec 5

9. AGE (In years,
last birthday)

85

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

4/13

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housekeeper - Bookkeeper

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Lewis J. Fresch

14. MOTHER'S MAIDEN NAME

Margaret Rodewald

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

16. SOCIAL
SECURITY NO.

NO

17. INFORMANT

Sister

ADDRESS
39 W. Preston

18. 176x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Ca of Uterus

INTERVAL BETWEEN
ONSET AND DEATH

14 Years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

Strangulated Femoral Hernia

15 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

4/3/53

19B. MAJOR FINDINGS OF OPERATION

Strangulated Femoral Hernia

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/18/53, 19__, to 4/18/53, that I last saw the
deceased alive on 4/18/53, 19__, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

William W. Baird

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

4/18/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/21/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook Inc. 1217 St. Paul St.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

STATE OF NEW YORK

1941

1941

DEPARTMENT OF HEALTH

ALBANY, N.Y.

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF BIRTH

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 3842 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <i>Martin Glenn</i>			2. DATE OF DEATH <i>April 17, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med. Center</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Baltimore</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>6-03</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>2215 Orleans St.</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>3-3-01</i>	9. AGE (In years last birthday) <i>52</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Painter</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Self Employed</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			13. FATHER'S NAME <i>Martin P. Glenn</i>		
14. MOTHER'S MAIDEN NAME <i>Ellen Durkin</i>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SECURITY NO.			17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		
18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Nephrosclerosis</i>			CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH <i>years</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerotic Cardio-vascular Disease</i>			DUE TO <i>years</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Massive Skin Necrosis</i>			<i>Weeks</i>		
19A. DATE OF OPERATION <i>✓</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>4-13</i> , 1953, to <i>4-17</i> , 1953, that I last saw the deceased alive on <i>4-17</i> , 1953, and that death occurred at <i>550 p.m.</i> , from the causes and on the date stated above.		23A. SIGNATURE <i>David L. Lewis</i>	
23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>4-18-53</i>		24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24B. DATE <i>4-22-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>		24D. LOCATION (City, town, or county) (State) <i>Balto - Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 20 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Shelly + Zech ch 403 S Wolfe St.</i>	
VS 150 <i>56424</i>					

88 3845

88 3845

CERTIFICATE OF DEATH

[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page]

88-3845

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

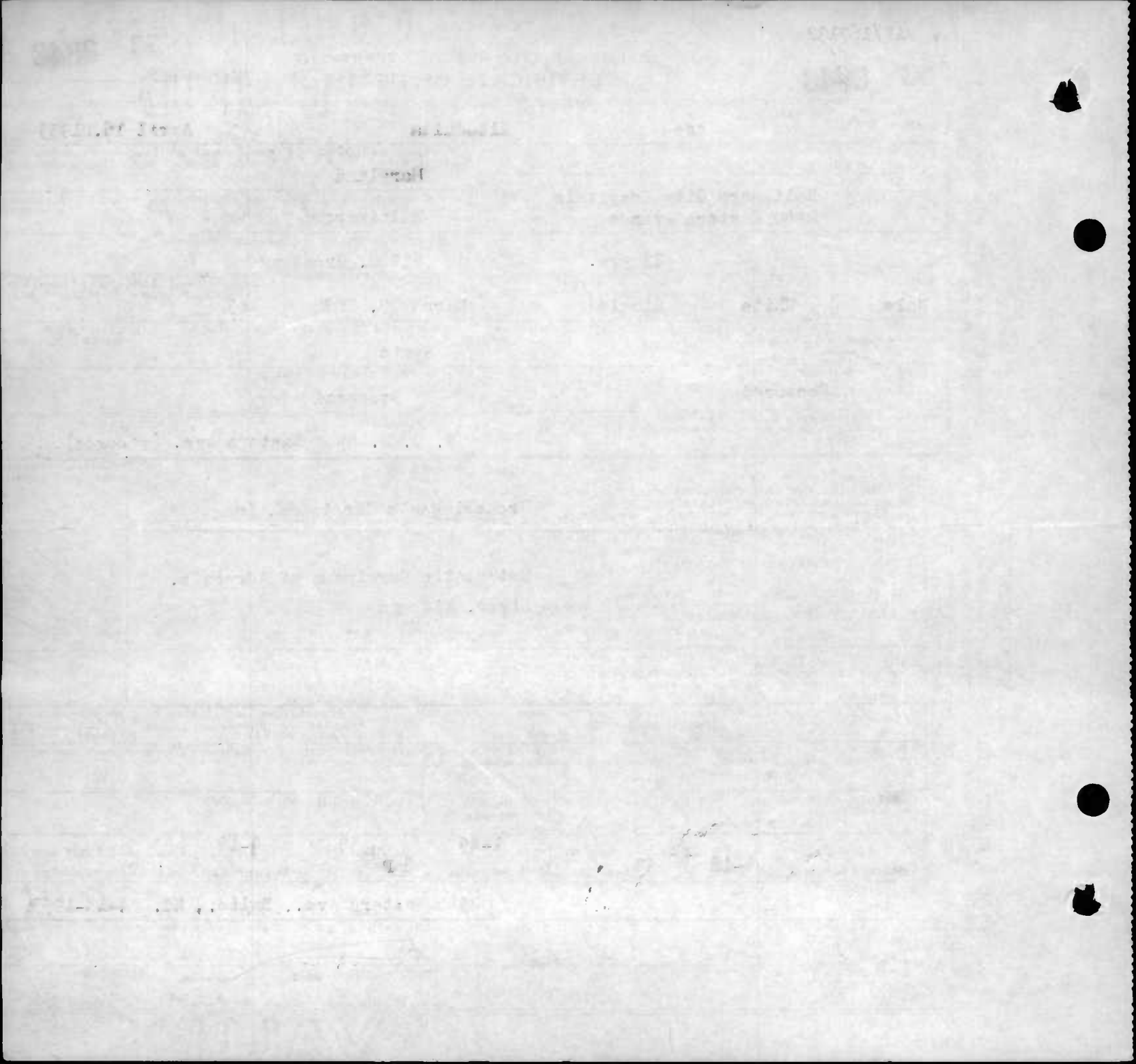
MAF/167132
53 3843
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3843

1. NAME OF DECEASED (Type or Print) Jose Ribadulla		2. DATE OF DEATH April 18, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 22 yrs.		D. STREET ADDRESS (If rural, give location) 810 S. Broadway	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 17, 1890
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman		9. AGE (In years last birthday) 63 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Spain	
13. FATHER'S NAME Deceased		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME Deceased		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS B. C. H. 4940 Eastern Ave. (records)	

18. 162x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Bronchiogenic Carcinoma, Lung DUE TO (B) Metastatic Carcinoma of Adrenals, Liver, Kidneys DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION ✓	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-25 , 19 53 , to 4-18 , 19 53 , that I last saw the deceased alive on 4-18 , 19 53 , and that death occurred at 8 P m., from the causes and on the date stated above.			
23A. SIGNATURE <i>[Signature]</i>	23B. ADDRESS 4940 Eastern Ave., Balto., Md.	23C. DATE SIGNED 4-18-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4-22-53	24C. NAME OF CEMETERY OR CREMATORY Sacred Heart	24D. LOCATION (City, town, or county) (State) Baltimore - Md.
DATE RECEIVED BY LOCAL REGISTRAR 4-20-1953	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR ADDRESS Lilly & Zier 403 S. Wolfe St.	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 3844

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3844

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DEAN EDWARD DICKSON

2. DATE OF DEATH April 19, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION
Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Harford

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Whiteford

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX
Male

6. COLOR OR RACE
White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH
JUNE 27, 1903

9. AGE (In years last birthday) 48
If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BARBER

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
HELTON, N.C.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

WILEY E. DICKSON

14. MOTHER'S MAIDEN NAME

MINNIE YOUNG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, none unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Blanche Dickson, Whiteford

18. 42011

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ HOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wiley E. Dickson

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
4/20/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

4-22-53

24C. NAME OF CEMETERY OR CREMATORY

OAK GROVE

24D. LOCATION (City, town, or county) (State)

HARFORD Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

John H. Harkins, Delt, Pa.

1468 88

1468 88

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 3845

53 3845

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WALTER BEKSINSKI

2. DATE
OF
DEATH

April 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2418 Pelham Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. City

D. STREET ADDRESS (If rural, give location)

2418 Pelham Ave.

c. Length of stay in Baltimore

47 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 1885

9. AGE (In years last birthday)

67

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Merchant

10B. KIND OF BUSINESS OR INDUSTRY

Store

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Martin

14. MOTHER'S MAIDEN NAME

Jozefa Nowogoski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

216-09-6979 Catherine Beksinski 2418 Pelham Ave

17. INFORMANT

ADDRESS

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Arteriosclerosis

2 years

ANTECEDENT CAUSES

(B)

DUE TO

diabetes mellitus

2 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

old age -

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2/15/53

19B. MAJOR FINDINGS OF OPERATION

arteriosclerosis & gangrene of foot.

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1952, to April 18, 1953, that I last saw the deceased alive on April 17, 1953, and that death occurred at 12 noon from the causes and on the date stated above.

23A. SIGNATURE

Egbert H. Mortimer Jr.

M. D.

23B. ADDRESS

2706 St Paul St

23C. DATE SIGNED

4/19/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4-22-1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary

24D. LOCATION (City, town, or county)

Balto. Co. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 20 1953

Huntington Williams, M.D. & J. Fialkowski 2007 Eastern Ave

VS 150

2906A

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3846
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

NEHELIE FRANCES CROWNER PRANN

2. DATE
OF
DEATH

APRIL 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

MD.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

BAR-WIL-DA

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 13-05

D. STREET ADDRESS (If rural, give location)

2512 Woodbrook Ave

c. Length of stay in Baltimore

21 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

Aug 17-1881

9. AGE (in years
at birthday)

71

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

WILLIAM FRANCES

14. MOTHER'S MAIDEN NAME

SUSAN JANE SMITH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.
NINE17. INFORMANT
MRS. NATALIE ROSS
2512 WOODBROOK AVE.

18.

350X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Paralysis Agitans

INTERVAL BETWEEN
ONSET AND DEATH

5 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb - 1949, to April 18, 1953, that I last saw the
deceased alive on April 14, 1953, and that death occurred at 5 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Douglas Shepherd

M. D.

23B. ADDRESS

404 N. Fulton Ave

23C. DATE SIGNED

4/18/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

4-21-1953

24C. NAME OF CEMETERY OR CREMATORY

MT. CALVARY

24D. LOCATION (City, town, or county)

BALTO., Co., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

George T.A. Gibson Sr. - 1735 Druid Hill
Ave.

1948

1948

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

11

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

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WASHINGTON, D. C.

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

53 3847
W-520BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX 53 3847
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Frances Bonsal Wing*2. DATE
OF
DEATH*April 20, 1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION*Union Memorial Hosp*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Montblau

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5300

5. SEX

Female

6. COLOR OR RACE

*white*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*married*

8. DATE OF BIRTH

*April 6, 1898*9. AGE (In years
last birthday)*54*10. Under 1 Year
Months: Days*0**4*11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

*Baltimore, Md*12. CITIZEN OF
WHAT COUNTRY?*USA*

13. FATHER'S NAME

Leigh Bonsal

14. MOTHER'S MAIDEN NAME

*Mary Prasants*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Bryce Wing

ADDRESS

*same*18. *170x*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

*Generalized carcinoma**13 yrs*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

adenocarcinoma of breast

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *March 25, 1953* to *April 20, 1953*, that I last saw the
deceased alive on *Apr 20, 1953*, and that death occurred at *9:30 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Mary L. Pratt

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

*April 20, 1953*24A. BURIAL, CREMATION,
REMOVAL (Specify)*Burial*

24B. DATE

4/22/53

24C. NAME OF CEMETERY OR CREMATORY

St James

24D. LOCATION (City, town, or county)

Montblau

(State)

*Md*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Walshaw, M.D.

25. FUNERAL DIRECTOR

Charles C. Kutz

ADDRESS

*Garrettsville**md*

1925 80

1925 80

7

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✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO. 53 3848		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 3848	
1. NAME OF DECEASED (Type or Print) GRACE DARLING GREEN			2. DATE OF DEATH April 15, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 306 Woodlawn Road			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore ? Yrs. ? Mos. ? Days ?			D. STREET ADDRESS (If rural, give location) 306 Woodlawn Road		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 1903	9. AGE (in years last birthday) 50	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of life if retired) Domestic			11. BIRTHPLACE (State or foreign country) Rich. Va.		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME ?			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO.		
17. INFORMANT Geo. Green			ADDRESS 1370 N. Stricker St.		
18. 022X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Suppurative peritonitis (A) XXXXXX					INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Luetic aneurysm of aorta (B) ? (C) ?					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains, described above, held an Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William H. Kelson		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED April 15, 1953	
24A. BURIAL, CREMATION, REMOVAL Burial	24B. DATE 4/20/53	24C. NAME OF CEMETERY OR CREMATORY Mt Auburn		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 20 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Geo. G. Kelson ADDRESS 1303 Presstman St.	
VS 151 7304 Alled. H. Kelson					

1950

DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL

1950



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BIRTH NO. 53 3849		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 3849 Registered No.	
1. NAME OF DECEASED (Type or Print) JAMES BLACKSTON			2. DATE OF DEATH April 17, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1140 N. Stricker Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-02		
D. STREET ADDRESS (If rural, give location) 1140 N. Stricker Street					
c. Length of stay in Baltimore ? Yrs. Mos. Days					
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 1896	9. AGE (in years last birthday) 57	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10B. KIND OF BUSINESS OR INDUSTRY Wood		
11. BIRTHPLACE (State or foreign country) A. A. Co. Md.			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Henry Blackston			14. MOTHER'S MAIDEN NAME Emma Savoy		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. none		
17. INFORMANT ADDRESS Viola Williams 1140 N. Stricker St.					
19. 4221 and 007X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease ANTECEDENT CAUSES Pulmonary tuberculosis Uremia DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William J. Kelson		23B. CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR		23C. DATE SIGNED April 17, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/20/53		24C. NAME OF CEMETERY OR CREMATORY Mt Auburn	
24D. LOCATION (City, town, or county) Balto. Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE	
25. FUNERAL DIRECTOR Geo. G. Kelson 1303 Presstman St.		25. ADDRESS		970 6T S. H. Kelson	

See Correspondence in Document file

ES 6/2/53

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 3850**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Sadie Brown**2. DATE
OF
DEATH**Apr. 18, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)**916 N. Appleton St.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Md.**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

1416 Myrtle Ave.

c. Length of stay in Baltimore

?Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

67. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**M**

8. DATE OF BIRTH

19089. AGE (In years
last birthday)**44**If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**H. Wife**10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Farmville, Va.12. CITIZEN OF
WHAT COUNTRY?**USA**

13. FATHER'S NAME

Robt. Ligon

14. MOTHER'S MAIDEN NAME

Mae Susie15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)**No**

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Roosevelt Brown 1416 Myrtle Ave.18. **199.9**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Cerebral Cancer**
DUE TO**6 months**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)
II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4-13-**, 1953 to **4-18-**, 1953, that I last saw the
deceased alive on **4-17-**, 1953 and that death occurred at **5a. m.**, from the causes and on the date stated above.

23A. SIGNATURE

John E. J. Campbell

23B. ADDRESS

639 N. Carey St

23C. DATE SIGNED

4-20-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

Apr 21, 1953 Farmville

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Farmville, Va.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Geo. G. Kelson 1303 Presstman St.

VS 450

*Huntington Williams, M.D.**Geo. G. Kelson*

1000

CERTIFICATE OF DEATH

1000

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DECEASED BY

DECEASED BY

DECEASED BY

DECEASED BY

DECEASED BY

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H-155
53 3851BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3851
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM E. HOFFMAN

2. DATE
OF
DEATH

April 17/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

City Jail Hospital

C. Length of stay in Baltimore

514

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived before admission)
STATE

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

48 Market Place

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 4 - 1902

9. AGE (in years,
last birthday)

51

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Delivery on beer truck

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

George R. Hoffman

14. MOTHER'S MAIDEN NAME

Mary Ellen Boring

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Melissa E. Hoffman - 1405 Pine Lawn

18. 002X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Pulmonary tuberculosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/21/1953 to 4/17/1953 that I last saw the
deceased alive on 4/17/1953 and that death occurred at 4:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Neil MacMurdy

23B. ADDRESS

801 Boring St

23C. DATE SIGNED

4/17/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

H-21-53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cem

24D. LOCATION (City, town, or county)

North Ave - Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John C. Murphy, Inc. - 2431 E. Olney St

ADDRESS

1891

12

Nov 10

1891

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 3852	
1. NAME OF DECEASED (Type or Print) William Cole			2. DATE OF DEATH April 16, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Orl 2 med.			4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE md. B. COUNTY md.		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-07		
c. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1308 N Broadway		
5. SEX male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 4-11-1890	9. AGE (in years last birthday) 63 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Johnson		10B. KIND OF BUSINESS OR INDUSTRY va service		11. BIRTHPLACE (State or foreign country) Baltimore	
13. FATHER'S NAME Joseph Cole			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL
18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pyloric obstruction DUE TO ANTECEDENT CAUSES Ca of stomach DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 1 year +			CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH months.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 7		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-14 , 19 53 , to 4-16 , 19 53 , that I last saw the deceased alive on 4-16 , 19 53 and that death occurred at 4:45 A.M. from the causes and on the date stated above.					
23A. SIGNATURE Carol H. Johnson			23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 4/16/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Buried		24B. DATE 4-20-53		24C. NAME OF CEMETERY OR CREMATORY mt Calvary Cms	
24D. LOCATION (City, town, or county) Brooklyn Md		24E. FUNERAL DIRECTOR Elroy O. Wilson 1100		24F. ADDRESS Chantigny	
DATE RECEIVED BY LOCAL REGISTRAR APR 20 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		VS T50	

97099

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3853**

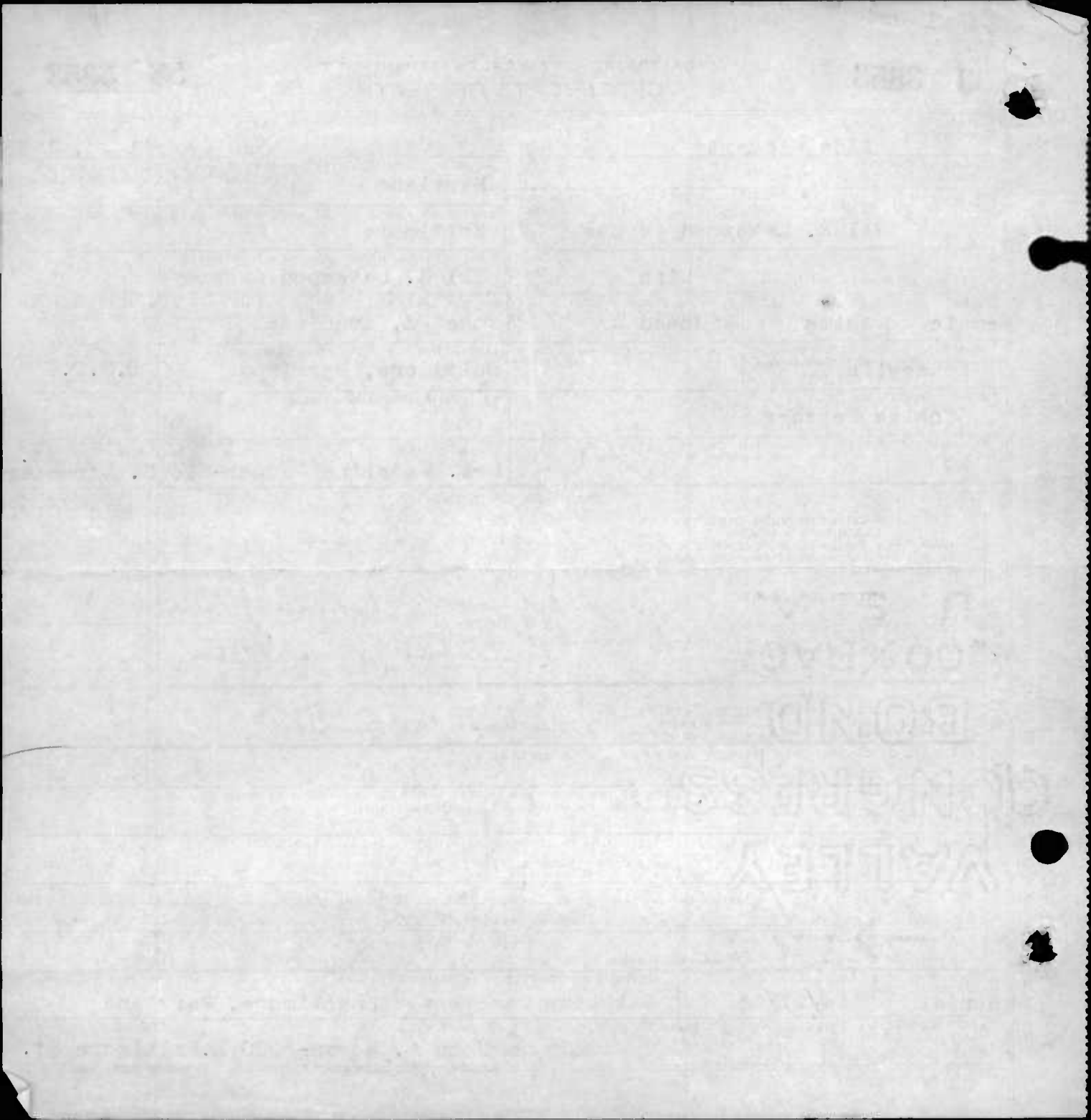
53 3853

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Hilda Flaherty		2. DATE OF DEATH April 17, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 711 S. Lakewood Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 711 S. Lakewood Avenue	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 23, 1886
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Tobias Fetzner		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Madeline Wagner-516 S. Streeper		ADDRESS St.	

MEDICAL CERTIFICATION	18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	(A) Coronary Disease DUE TO	
	(B) Cervical Descending Colon DUE TO	
	(C) Emaciation & Debilitation	
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Intestinal Obstruction	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from January , 19 50 , to April 17 , 19 53 , that I last saw the deceased alive on April 17 , 19 53 , and that death occurred at 10:45 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE William J. Williams		23B. ADDRESS 2711 Carter Ave.		23C. DATE SIGNED April 20 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/21/53		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR John A. Moran-3000 E. Baltimore St.			
DATE RECEIVED BY LOCAL REGISTRAR APR 20 1953		REGISTRAR'S SIGNATURE William J. Williams		ADDRESS per AB Lewis	



53 3854

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3854

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KELBAUGH, ANNA M.

2. DATE
OF
DEATH

4-20-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland Carroll

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

UNIVERSITY HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Hampstead

D. STREET ADDRESS (If rural, give location)

E600

c. Length of stay in Baltimore

3 Mos. Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov 10-1884

9. AGE (In years last birthday)

68

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John W Kelbaugh

14. MOTHER'S MAIDEN NAME

Laura Hough Murray

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

J. W. Kelbaugh - Hampstead Md

ADDRESS

18.

204.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CHRONIC LYMPHOID LEUKEMIA

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ASCITIES

DUE TO

(C) HEPATIC INFILTRATION

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 4-17-53, 1953 to 4-20-53, 1953 that I last saw the deceased alive on 4-20-53, 1953 and that death occurred at 6:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Harry M. Walsh

23B. ADDRESS

University Hospital

23C. DATE SIGNED

4-20-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

April 23/53

24C. NAME OF CEMETERY OR CREMATORY

Hampstead

24D. LOCATION (City, town, or county)

Carroll Co. Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. & Tipton, Hampstead Md

25. FUNERAL DIRECTOR

ADDRESS

53 3855

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3855

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Mary Robertson</i>			2. DATE OF DEATH <i>4/20/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore, Md</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Agnes Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore, Maryland</i>					
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>128 Rosewood Avenue</i>					
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>2/18</i>		9. AGE (In years, last birthday) <i>68 yrs</i>		10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Pa.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>John Mc Graw</i>			14. MOTHER'S MAIDEN NAME <i>Lore Brennan</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT			ADDRESS		
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial Infarction</i> DUE TO <i>Coronary Artery Occlusion</i> DUE TO <i>Arterioscl. Cardio Vasc. Disease</i> DUE TO			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <i>4-17-</i> 19 <i>53</i> , to <i>4-20</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>4-20</i> , 19 <i>53</i> , and that death occurred at <i>2:05</i> p. m., from the causes and of the date stated above.								
23A. SIGNATURE <i>Larry L. Knapp</i>			23B. ADDRESS <i>St Agnes Hosp</i>			23C. DATE SIGNED <i>4-20-53</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/23/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St Peters</i>		24D. LOCATION (City, town, or county) (State) <i>Harpers Ferry W. Va.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 20 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Howard H. Hubbard, 2503 Edmondson Ave</i>				

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY

PLACE OF ENTRY

DATE OF DEPARTURE

PLACE OF DEPARTURE

DATE OF RETURN

PLACE OF RETURN

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 3856BIRTH NO. 53-01493

1. NAME OF DECEASED (Type or Print) Infant of Johnnie Rouse			2. DATE OF DEATH January 6, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE The Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-01		
c. Length of stay in Baltimore Infant			D. STREET ADDRESS (If rural, give location) 1028 Sterling Street - 2 STIRLING		
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) -	8. DATE OF BIRTH January 6, 1953		9. AGE (In years last birthday) 46
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Bill Rouse			14. MOTHER'S MAIDEN NAME Johnnie Mc Intyre		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Hospital Records		

18. 759.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Multiple Congenital anomalies + Prematurity			CAUSE OF DEATH Multiple Congenital anomalies + Prematurity			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)			DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION 7			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from January 6, 1952 to January 6, 1953 that I last saw the deceased alive on January 6, 1953 and that death occurred at 3:25 Am. , from the causes and on the date stated above.								
23A. SIGNATURE <i>Johnnie Mc Intyre</i>			23B. ADDRESS The Johns Hopkins Hospital			23C. DATE SIGNED 4/10/53		
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)		
DATE RECEIVED BY LOCAL REGISTRAR APR 21 1953		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Harry D...</i>		ADDRESS		

Infant of Johnnie Rouse (190719) January 6, 1923

Johnnie Rouse

The Johns Hopkins Hospital

Infant

January 6, 1923

Female Negro

Mary Rouse

Johnnie Rouse

Bill Rouse

Johnnie Rouse

January 6, 1923

January 6, 1923

The Johns Hopkins Hospital 1/10/23

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3857

Registered No. _____

53 3857

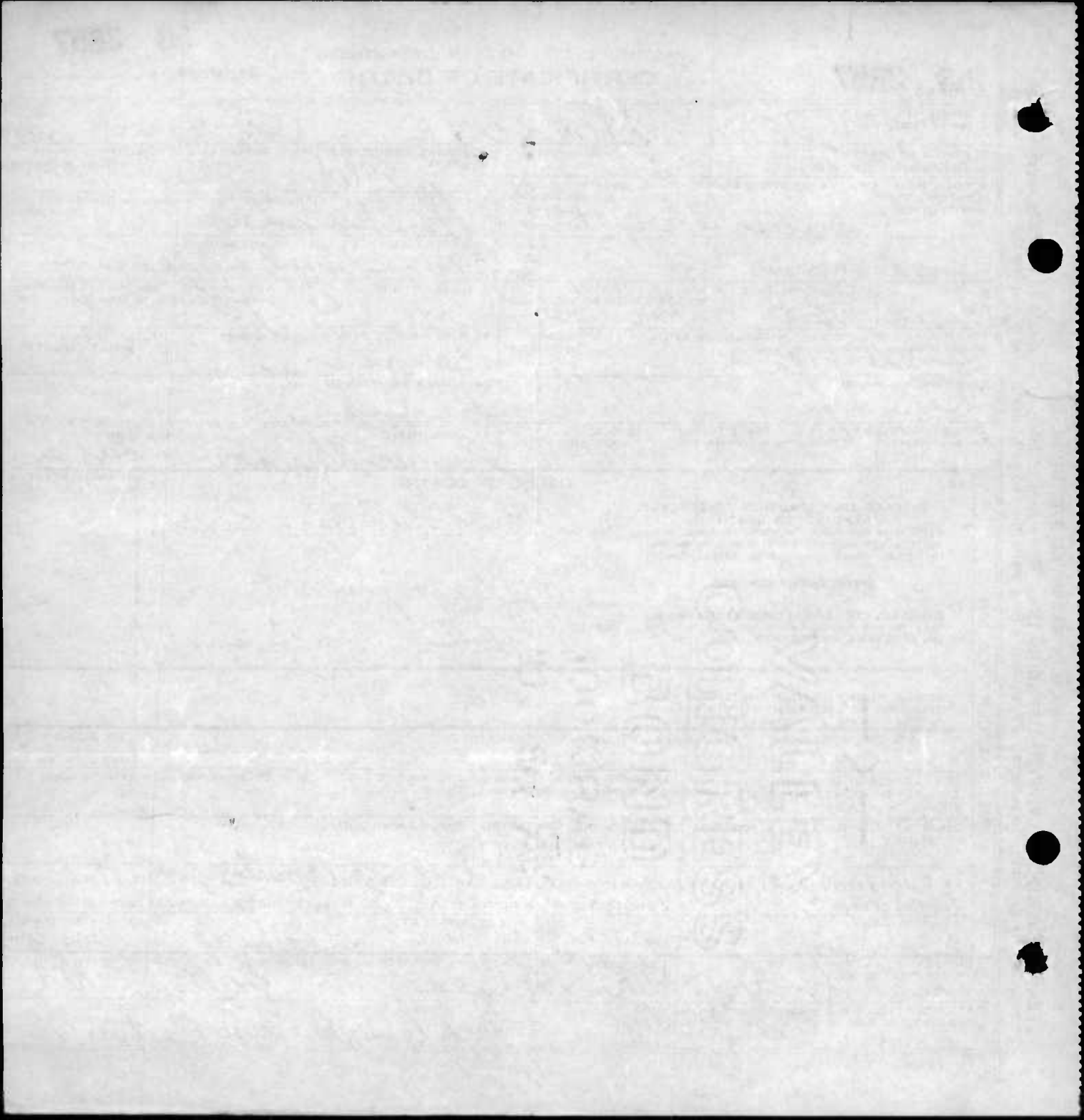
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) DENA MINKOVE			2. DATE OF DEATH 4-20-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION Senai Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-17		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 3404 Ingleside Ave		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 7-10-18		9. AGE (In years last birth day) 34
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME Levin			14. MOTHER'S MAIDEN NAME Hannah		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS Anne Minkove - Same		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ACUTE PULMONARY EDEMA	CAUSE OF DEATH (A) _____ DUE TO _____ (B) Heart failure DUE TO Coronary insufficiency (C) _____	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 18, 1953 , to April 20, 1953 , that I last saw the deceased alive on April 20, 1953 , and that death occurred at 11:25 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE J. Rankowsky, M. D.		23B. ADDRESS Senai Hospital		23C. DATE SIGNED 4/20/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-21-53		24C. NAME OF CEMETERY OR CREMATORY Rosedgee	
24D. LOCATION (City, town, or county) Baltimore		24E. STATE Md		25. FUNERAL DIRECTOR ADDRESS 2100 Centau Pl	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS 2100 Centau Pl	

APR 21 1953
VS-150



Had been treated for years
by Earl L. Chambers M.D.
4108 Liberty Heights Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-420
AB-169553

53 3859

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

53 3859

BIRTH NO. 52-00037

1. NAME OF DECEASED
(Type or Print)

Kenneth Lanzo Rauls

2. DATE
OF
DEATH

4-18-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION location)

Baltimore City Hospitals

4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

609 Bridgeview Road, Apt. A. Cherry Hill

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 3-1952

9. AGE (In years,
last birthday)

1

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Johnie (Jonnie) Rauls

14. MOTHER'S MAIDEN NAME

Hattie Best

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMATION ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 757.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchopneumonia Diffuse

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Congenital Absence of Left Kidney

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-15-1953, to 4-18-1953 that I last saw the
deceased alive on 4-18-1953, and that death occurred at 9A m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Williams

23B. ADDRESS

M. D.

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

4-19-1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

April 20/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

Brooklyn Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

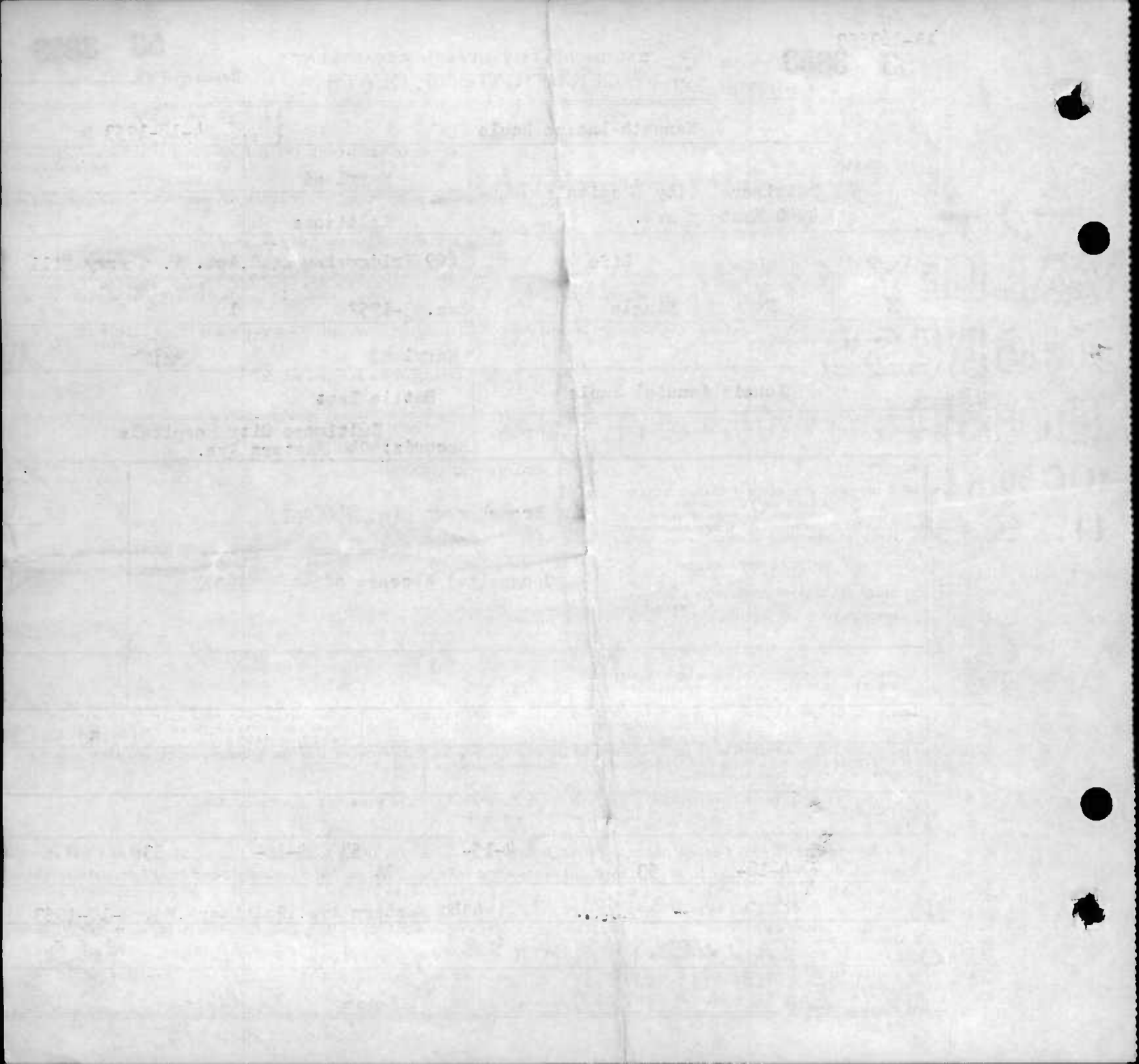
25. FUNERAL DIRECTOR

Choy & Wilson

ADDRESS

1600 Brantley

VS 150



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3860
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

M. Lenora Sonnenleiter, nee [unclear]

2. DATE

OF DEATH **April 20, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1704 Hanover Street

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

St. Joseph's Hospital

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 10, 1901

9. AGE (In years last birthday)

51

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hwfe.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Frederick Discher

14. MOTHER'S MAIDEN NAME

Dorothy Baumann

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.
none

17. INFORMANT

Mr. Percy H. Sonnenleiter - 1704 Hanover St.

ADDRESS

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Congestive heart failure**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Myocardial infarction**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **April 19, 1953** to **April 20, 1953**, that I last saw the deceased alive on **April 20 19 53** and that death occurred at **2.00 pm.**, from the causes and on the date stated above.

23A. SIGNATURE

Charles Fowell

23B. ADDRESS

1100 N. Caroline Street

23C. DATE SIGNED

April 20, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/23/53

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3861
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK ROSS WIGGINGTON

2. DATE
OF
DEATH

April 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1103 E. Fayette St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

3034 Brighton St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Aug. 31, 1876

9. AGE (in years
last birthday)

76

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Worker

10B. KIND OF BUSINESS OR

Md. Workshop for

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Benjamin Wiggington

14. MOTHER'S MAIDEN NAME

Emma Ross

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
220-30-1133A

17. INFORMANT

ADDRESS

Mr. E. R. Uhlig - 304 Northway

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) HYPERTENSIVE CARDIO-VASCULAR
DISEASE

sev mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

arthritis
blind

sev yrs
36 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from March 1, 1953 to APRIL 18, 1953 that I last saw the
deceased alive on 4-18-53 and that death occurred at 7:20 p.m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

2431 MARYLAND AVENUE

4-20-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/21/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cem.

24D. LOCATION (City, town, or county) (State)

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1968

22

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE STATE COMMISSIONER OF HEALTH
ALBANY, NEW YORK

1968

DATE OF BIRTH

1968

DATE OF DEATH

1968

DATE OF INTERMENT

1968

DATE OF BURIAL

1968

DATE OF CREMATION

1968

DATE OF EXHUMATION

1968

DATE OF REINTERMENT

1968

DATE OF REBURYAL

1968

DATE OF RECREMATION

1968

DATE OF REEXHUMATION

1968

DATE OF REINTERMENT

1968

DATE OF REBURYAL

1968

DATE OF RECREMATION

1968

DATE OF REEXHUMATION

1968

DATE OF REINTERMENT

1968

F-630 AF/169525

53 3862

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX
53 3862
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert Lee Ford

2. DATE
OF DEATH April 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY Prince George's

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Forestville

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

Forestville, Maryland

6600

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

? 5/15/33 19

9. AGE (In years last birthday)

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Sanitor

11. BIRTHPLACE (State or foreign country)

? Croom, Ind

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Ford

14. MOTHER'S MAIDEN NAME

Mrs. Jane Dyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. 4940 Eastern Ave. (records)

18. 040X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Typhoid fever

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-14, 1953, to 4-18, 1953, that I last saw the deceased alive on 4-18, 1953, and that death occurred at 7:20 P. m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Johnson

M. D.

23B. ADDRESS

4940 Eastern ave. Balto., Md.

23C. DATE SIGNED

4-18-1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Apr. 23/53

24C. NAME OF CEMETERY OR CREMATORY

Croom

24D. LOCATION (City, town, or county)

Croom, P. B. Co. Ind

(State)

DATE RECEIVED BY LOCAL REGISTRAR

APR 21 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. B. Johnson

ADDRESS

Annapolis

VS 150

77094

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

257031/71

SECRET

85

MEMORANDUM FOR THE DIRECTOR, FBI

DATE: 10/10/71

FROM: SAC, NEW YORK

TO: DIRECTOR, FBI

SUBJECT: [Illegible]

RE: [Illegible]

DATE: 10/10/71

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3863
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HOWARD M. ZIEGLER Sr.

2. DATE
OF
DEATH

APRIL 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTO

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

MD. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

SOUTH BALTIMORE GENERAL HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

ARUNDEL COUNTY MD

D. STREET ADDRESS (If rural, give location)

145 CARVEL BEACH RD

c. Length of stay in Baltimore

71 YRS

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

2/28/1892

9. AGE (In years
last birthday)

71

If Under 1 Year
Months: Days: Min.

1 1 2

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

POLICE OFFICER

10B. KIND OF BUSINESS OR
INDUSTRY

RETIRED

11. BIRTHPLACE (State or foreign country)

BALTO

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

ALEXANDER ZIEGLER

14. MOTHER'S MAIDEN NAME

SABELL NASH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS MORRIS 1130 CARROLL ST

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CEREBRAL HEMORRHAGE

DUE TO

ARTERIO SCLEROTIC

ANTECEDENT CAUSES

(B)

HYPERTENSIVE & CARDIOVASCULAR
DISEASE

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from APRIL 20, 1953, to APRIL 20, 1953, that I last saw the
deceased alive on APRIL 20, 1953, and that death occurred at 9:28 P.M., from the causes and on the date stated above.

23A. SIGNATURE

W. M. Bouway

23B. ADDRESS

M. D.

South Baltimore General Hosp.

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

4/24/53

24C. NAME OF CEMETERY OR CREMATORY

LODGEON PK

24D. LOCATION (City, town, or county)

FRED AVE

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 21 1953

Huntington Williams, M.D.

GEO. H. LEIMBACH

N. LINDHURST

VS 150

773 93

ST

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 3864

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 3864

Registered No.

1. NAME OF DECEASED (Type or Print) OSCAR MAYNARA CRUSE		2. DATE OF DEATH 4/19/53	
3. PLACE OF DEATH A. Baltimore City, Maryland 3419 ALTO RD.		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO 15-38	
c. Length of stay in Baltimore 66 YRS		D. STREET ADDRESS (If rural, give location) 3419 ALTO RD	
5. SEX M.	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWER, DIVORCED (Specify) WIDOWER	8. DATE OF BIRTH 8/11/1886
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TELEGRAPHER	11. BIRTHPLACE (State or foreign country) BALTO MD.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TELEGRAPHER		10B. KIND OF BUSINESS OR INDUSTRY T.O. RR	
13. FATHER'S NAME OSCAR E. CRUSE		14. MOTHER'S MAIDEN NAME CLARA TAYLOR	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT MRS CLARA TAYLOR		ADDRESS 3419 ALTO RD	
1B. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CARCINOMA of SIGMOID		INTERVAL BETWEEN ONSET AND DEATH 1 year	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan , 19 53 , to April 19 , 19 53 that I last saw the deceased alive on April 19, 1953 and that death occurred at 11:30 m., from the causes and on the date stated above.			
23A. SIGNATURE Paul E. Carliner		23B. ADDRESS 2217 South road	
23C. DATE SIGNED 4/20/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 4/22/53	24C. NAME OF CEMETERY OR CREMATORY LOUNTON PK CEMETERY	24D. LOCATION (City, town, or county) (State) FREDERICK AVE
DATE RECEIVED BY LOCAL REGISTRAR APR 21 1953		REGISTRAR'S SIGNATURE Huntington Williams, MD	
25. FUNERAL DIRECTOR GEO. LEIMBACH		ADDRESS 525 N. LYNAHORS	

VS 150

365 50

ST

1981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1981

1981

1981

1981

1981

1981

1981

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3865**

53 3865
BIRTH NO.

1. NAME OF DECEASED (Type or Print) William T. Caswell			2. DATE OF DEATH 4/18/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) US Public Health Service Hosp. Wyman Park Drive & 31st St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-06		
c. Length of stay in Baltimore lifetime Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2722 Wilkins Ave. (23)		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 7/26/04		9. AGE (In years last birthday) 48 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) policeman		10B. KIND OF BUSINESS OR INDUSTRY public servant	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Arthur Caswell			14. MOTHER'S MAIDEN NAME Frances Hartlove		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) cerebro-vascular accident- recent (A) DUE TO	CAUSE OF DEATH undeter.
ANTECEDENT CAUSES hypertension (B) DUE TO	undeter.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 2	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April 17**, 1953, to **April 18**, 1953, that I last saw the deceased alive on **April 18**, 1953, and that death occurred at **@:55P m.**, from the causes and on the date stated above.

23A. SIGNATURE William H. Languth William H. Languth, S.A. Surg. (Pres.)	23B. ADDRESS USPHS Hospital, Balto., Md.	23C. DATE SIGNED 4/18/53
---	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE April 22/53	24C. NAME OF CEMETERY OR CREMATORY Loudon Park	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 21 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR William H. Languth	ADDRESS 4101 Edmondson Ave.

VS 150

773 93

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3882

55

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3882

Name of Deceased		Sex		Age		Date of Birth		Place of Birth	
John Doe		Male		45		Jan 1, 1900		New York, N.Y.	
Cause of Death		Immediate Cause		Underlying Cause		Manner of Death		Place of Death	
Heart Disease		Myocardial Infarction		Coronary Atherosclerosis		Natural		Home	
Date of Death		Time of Death		Physician		Hospital		Burial Place	
Jan 15, 1945		10:30 A.M.		Dr. J. Smith		St. Mary's Hospital		Catholic Cemetery	
Signature of Physician		Signature of Registrar		Signature of Witness		Signature of Coroner		Signature of Burial Officer	
[Signature]		[Signature]		[Signature]		[Signature]		[Signature]	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3866

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) *Kathryn Madden*

2. DATE OF DEATH *10:15 a.m. April 20-1953*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Maryland* B. COUNTY *Balt.*

B. FULL NAME OF HOSPITAL OR INSTITUTION *Little Sisters of the Poor*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 10-01

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)
1700 Valley St

5. SEX *Female*

6. COLOR OR RACE *White*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH *July 21-1890*

9. AGE (in years last birthday) *62*

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Governess

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
New York

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
Bryan Madden

14. MOTHER'S MAIDEN NAME
Mary Ann O'Connor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT
Little Sisters of the Poor

ADDRESS

18. *463X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Thrombo-Phlebitis Rt Leg

INTERVAL BETWEEN ONSET AND DEATH
10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arterio Sclerosis -

4 yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *March 10 - 1953* to *Apr 20 - 1953* that I last saw the deceased alive on *April 20 - 1953* and that death occurred at *10:15 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE
E. Gill Hall Md

23B. ADDRESS
1631 E. North Ave

23C. DATE SIGNED
Apr 21-53

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
Apr 23/53

24C. NAME OF CEMETERY OR CREMATORY
Cathedral

24D. LOCATION (City, town, or county) (State)
Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

VS 150

720 8A

MARITAL RESERVE FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

8888

STATE OF TEXAS
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS

1900

Name of Deceased		Sex		Age		Date of Death		Place of Death		Cause of Death	
Name of Informant		Relationship		Occupation		Address		City		County	
Signature of Informant		Signature of Registrar		Signature of Physician		Signature of Coroner		Signature of Minister		Signature of Justice	
Date of Birth		Date of Marriage		Date of Death		Date of Burial		Date of Interment		Date of Cremation	
Place of Birth		Place of Marriage		Place of Death		Place of Burial		Place of Interment		Place of Cremation	
Date of Death		Date of Marriage		Date of Death		Date of Burial		Date of Interment		Date of Cremation	
Place of Birth		Place of Marriage		Place of Death		Place of Burial		Place of Interment		Place of Cremation	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 3867**BIRTH NO. **53 3867**1. NAME OF DECEASED
(Type or Print)**John Fennell**2. DATE
OF
DEATH**Apr 18, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

313 N. Calhoun St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Md.**

B. COUNTY

C. CITY OR TOWN

Balto.

D. STREET ADDRESS (If rural, give location)

313 N. Calhoun St.

c. Length of stay in Baltimore

?Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

May 30, 1878

9. AGE (In years last birthday)

74If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

stevedore

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

N. C.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

Susie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Ethel Craven 313 N. Calhoun St.18. **177x**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

CHANCINOMA OF PANCREAS**2 yrs.**

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Mixed Abdominal Vascular INF.**2 wks.**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4-6-53**, 19__, to **4-18-53**, 19__, that I last saw the deceased alive on **4-13-**, 19**53**, and that death occurred at **10 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Maurice L. Adams

M. D.

23B. ADDRESS

238 N. CANEY ST.

23C. DATE SIGNED

4-20-53

24A. BURIAL, CREMATION, REBURY (Specify)

BURIAL

24B. DATE

4/22/53

24C. NAME OF CEMETERY OR CREMATORY

Arbutus

24D. LOCATION (City, town, or county)

Arbutus Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Geo. G. Kelson 1303 Presstman St.

VS 150

94055 Geo. G. Kelson

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered 53 3868

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

2551 Flora St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN

Balto

D. STREET ADDRESS (If rural, give location)

2551 Flora St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

2/14/97

9. AGE (In years
last birthday)

56

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of work life (If retired))

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Lewis W. Jackson

14. MOTHER'S MAIDEN NAME

Mary Franklin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Jos. H. Jackson 1946 Herbert St. ✓

18. 002X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Pulmonary Tuberculosis

INTERVAL BETWEEN
ONSET AND DEATH

6 Mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 9, 1953, to April 20, 1953, that I last saw the
deceased alive on April 24, 1953, and that death occurred at 5:20 p.m. from the causes and on the date stated above.

23A. SIGNATURE

Dr. R. Johnson

M. D.

23B. ADDRESS

403 Med Arts Bldg

23C. DATE SIGNED

4-20-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/22/53

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Geo. G. Kelson 1303 Presstman St.

VS 150

97099

PLEASE PRINT PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 3869****53 3869**
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Maurice Roll</i>		2. DATE OF DEATH <i>4/21/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Lutheran Hospital of Md.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>47 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>4013 Fairview Ave.</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>8/15/05</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>building inspector</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>City</i>	9. AGE (In years last birthday) <i>47</i> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) <i>Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Isaac Roll</i>		14. MOTHER'S MAIDEN NAME <i>Rebecca Katy</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>unknown</i>		16. SOCIAL SECURITY NO. <i>217-09-8563</i>	
17. INFORMANT <i>wife</i>		ADDRESS <i>same</i>	

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute myocardial infarction</i>		INTERVAL BETWEEN ONSET AND DEATH <i>sev. hrs.</i>
(A) DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(B) DUE TO
		(C) DUE TO

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2:30 A.M. 4/21/53</i> to <i>3:10 A.M. 4/21/53</i> , that I last saw the deceased alive on <i>4/21</i> , 19 <i>53</i> , and that death occurred at <i>3:10 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Franklin L. Keller</i>		23B. ADDRESS <i>Lutheran Hospital</i>		23C. DATE SIGNED <i>4/21/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/22/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Maryland Lodge</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md</i>		25. FUNERAL DIRECTOR <i>John L. Linnon & Bros - 1124-26</i>		ADDRESS <i>20 North Ave</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 23 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			

[The body of the document contains extremely faint, illegible text, likely bleed-through from the reverse side. The text appears to be organized into paragraphs and possibly a table or list structure.]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3870

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EDITH GARNER (MRS. EMANUEL)			2. DATE OF DEATH APRIL 20, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 15-15-16		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2601 SHIRLEY AVENUE		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 15 1886		9. AGE (In years last birthday) Months Days 76
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) RUSSIA		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME MR. LOUIS KAPLAN			14. MOTHER'S MAIDEN NAME TILLIE BENJAMIN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS MRS. LOUIS M. BRASSLER - SAME		

18. 321X and 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) cerebrovascular accident DUE TO (B) arteriosclerosis DUE TO (C) adenocarcinoma of colon		INTERVAL BETWEEN ONSET AND DEATH
<p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p>II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>		
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from APRIL 20, 1953 , to APRIL 20, 1953 , that I last saw the deceased alive on APRIL 20, 1953 , and that death occurred at 8:17 P. M. , from the causes and on the date stated above.		
22A. SIGNATURE Lytle D. Vincent	23B. ADDRESS Union Mem. Hosp.	23C. DATE SIGNED Apr. 20 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE April 22/53	24C. NAME OF CEMETERY OR CREMATORY Baltimore Hebrew
24D. LOCATION (City, town, county) (State) Baltimore, Md	25. FUNERAL DIRECTOR Sol. Lerinson	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	ADDRESS Broz - 1124 26th North Avenue

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 3871BIRTH NO. 53 3871

1. NAME OF DECEASED (Type or Print) <u>Mrs. Florence Kepner</u>			2. DATE OF DEATH <u>April 19, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore, Md.</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>27-10</u> D. STREET ADDRESS (If rural, give location) <u>1226 Ivanhoe Ave., #12</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			Yrs. Mos. Days		
c. Length of stay in Baltimore <u>Life</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 15, 1900</u>	9. AGE (In years last birthday) <u>52</u>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <u>unknown</u>			11. BIRTHPLACE (State or foreign country) <u>New York, N.Y.</u> 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Hosp. Records</u>			ADDRESS		

18. 175X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) Carcinomatosis Secondary to Bilateral Pupillary

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Adenocarcinoma of the Ovaries

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/31/53, 1953, to 3/19/53, 1953, that I last saw the deceased alive on Apr. 19, 1953, and that death occurred at 1:20 Pm., from the causes and on the date stated above.

23A. SIGNATURE

R. Cassinelli

23B. ADDRESS

M. O.

1100 N. Caroline St. #13

23C. DATE SIGNED

April 19/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

Apr. 22, 1953

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery,

24D. LOCATION (City, town, or county)

Pikesville, Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Hurlington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

B. Vernon Lannon, 4611 Park Heights Ave.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3872
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Virginia Price

2. DATE
OF
DEATH

4/18/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1341 N. Stricker St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb. 15, 1917 36

9. AGE (In years
last birthday)10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Seneca S.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Perry Price

14. MOTHER'S MAIDEN NAME

Carrie Mills

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

H. Scott 923 Carrollton

18. 710.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Generalized Scleroderma

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/30, 1953 to 4/13, 1953, that I last saw the
deceased alive on 4/18, 1953, and that death occurred at 1:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

David Tuxdal

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

4/18/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/22/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mrs. Kate R. Williams

ADDRESS

322 N. Schroeder St.

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

Form 100-1

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53-530
3873BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53-3873

1. NAME OF DECEASED (Type or Print) ROBERT SMITH		2. DATE OF DEATH 4/19/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1043 W. Lexington St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ba/to. 18-02	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1043 W. Lexington St.	
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 2, 1905
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Steno		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Robert Smith		14. MOTHER'S MAIDEN NAME Katie Pearson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Maggie Smith		ADDRESS 1043 W. Lex. St.	
18. 022X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) RUPTURE OF ANEURYSM OF AORTA		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Lues			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .			
23A. SIGNATURE R. R. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
24A. BURIAL, CREMATION, REMOVAL (Specify) Shipped		24B. DATE 4/22/53	
24C. NAME OF CEMETERY OR CREMATORY Wilmington N.C.		24D. LOCATION (City, town, or county) (State) Wilmington N.C.	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR Mrs. Katie R. Williams	
REGISTRAR'S SIGNATURE Wilmington Williams, M.D.		ADDRESS 322 N. Schrock St.	

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 3874L-500
53 3874
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Lena Laney</u>			2. DATE OF DEATH <u>4/16/53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>University Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
C. Length of stay in Baltimore Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>			D. STREET ADDRESS (If rural, give location) <u>117 N. Fremont Ave.</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, <u>MARRIED</u> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>1/15/96</u>	9. AGE (in years last birthday) <u>57</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <u>N. C.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13. FATHER'S NAME <u>Full Chick</u>			14. MOTHER'S MAIDEN NAME <u>Belle</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Alexander Laney</u>			ADDRESS <u>117 N. Fremont Ave.</u>		

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Cerebro-vascular accident
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio-vascular disease
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION 2/1

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from 4/9, 1953 to 4/16, 1953, that I last saw the deceased alive on 4/9, 1953, and that death occurred at 2:30 p.m., from the causes and on the date stated above.23A. SIGNATURE L. W. Elgin, Jr.23B. ADDRESS University Hospital23C. DATE SIGNED 4/17/5324A. BURIAL, CREMATION, REMOVAL (Specify) Burial24B. DATE 4/21/195324C. NAME OF CEMETERY OR CREMATORY St. Luke's Cemetery24D. LOCATION (City, town, or county) Baltimore(State) MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE Huntington Williams, Jr.25. FUNERAL DIRECTOR Mrs. Katie R. WilliamsADDRESS 322 N. Schroeder St.

3831

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

3831

1. Name of deceased		2. Sex		3. Age		4. Race		5. Date of death		6. Time of death		7. Place of death		8. Cause of death		9. Manner of death		10. Signature of physician		11. Signature of registrar		12. Signature of witness	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

<div style="text-align: center;"> CERTIFICATE AMENDED 5/22/53 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH </div>				<div style="text-align: right;"> Registered No. 53 3875 </div>	
BIRTH NO. 53 3875					
1. NAME OF DECEASED (Type or Print) <i>Bessie Turner (Harris)</i>			2. DATE OF DEATH <i>April 18, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med. Order 4</i> B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>14-02</i> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 17</i> D. STREET ADDRESS (If rural, give location) <i>1540 Argyll Ave</i>		
c. Length of stay in Baltimore 5. SEX <i>Female</i> 6. COLOR OR RACE <i>Colored</i> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>			8. DATE OF BIRTH <i>4-2-03</i> 9. AGE (In years last birthday) <i>50</i>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i> 10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <i>Laurel Md.</i> 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>William Burgess</i>			14. MOTHER'S MAIDEN NAME <i>Susie Harris</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>JOHNS HOPKINS HOSPITAL</i>		
18. 456 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>lupus erythematosus (disseminated)</i> INTERVAL BETWEEN ONSET AND DEATH <i>18 mo</i>					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>chronic ht. disease</i>		
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-6-1953 to 4-18-1953, that I last saw the deceased alive on 4-18-1953 and that death occurred at 2:25 P.M., from the causes and on the date stated above.					
23A. SIGNATURE <i>Richard J. Palmer</i>			23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>18 Apr 53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/23/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Balto. National Cem</i>	
24D. LOCATION (City, town or county) (State) <i>Md.</i>		25. FUNERAL DIRECTOR <i>Mr. Katie R. Williams</i>		ADDRESS <i>322 N. Schroeder St</i>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>			

See query reply in Document File

H-655
53 3876BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3876

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward B. Herrmann

2. DATE
OF
DEATH

4/18/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

2410 E. North Ave.

C. CITY OR TOWN

Balto.

D. STREET ADDRESS (If rural, give location)

2410 E. North Ave

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3/21/1888

9. AGE (In years last birthday)

65

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Forest

10B. KIND OF BUSINESS OR INDUSTRY

Own Business

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Edward Herrmann

14. MOTHER'S MAIDEN NAME

Elizabeth Krotter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

220-09-4448

17. INFORMANT

Marguerite Herrmann above address

ADDRESS

18. 157X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma of Pancreas

1 1/2 yrs

ANTECEDENT CAUSES

DUE TO

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1951

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Pancreas

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, to 4/18, 1953 that I last saw the deceased alive on 4/18, 1953 and that death occurred at 90 m., from the causes and on the date stated above.

23A. SIGNATURE

Sol Smith.

23B. ADDRESS

1223 E. North Me

23C. DATE SIGNED

4/20/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/21/53

24C. NAME OF CEMETERY OR CREMATORY

Balto.

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 21 1953

H. E. Williams, M.D.

Wm. Cook Inc. 1217 St. Paul St.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct ages especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 3877**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Florence Russell

2. DATE
OF
DEATH

April 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

814 E. Preston Street

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

814 E. Preston Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Approximately
July 9, 1876

9. AGE (In years
last birthday)

Approximately
76

11 Under 1 Year

Months Days

11 Under 24 hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Philadelphia, Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Russell

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Helen Cashmyer, 812 E. Preston Street

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Gastric Carcinoma

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Coronary Vascular Renal Disease

?

(C)

Arteriosclerosis

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1938, to 4/19, 1953, that I last saw the
deceased alive on 4/19, 1953, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John S. Blaine M.D.

M. D.

23B. ADDRESS

1115 N. Calvert St.

23C. DATE SIGNED

4/20/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

4/22/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 St. Paul Street

DEPARTMENT OF HEALTH DEPARTMENT
CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

T-622
53 3878BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3878

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Adam John Drageser

2. DATE
OF
DEATH

4/19/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

312 E. Lorraine Ave.

C. CITY OR TOWN

Md
Balto.

(If outside corporate limits, write FULLY, and give township)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

312 E. Lorraine Ave.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

10/19/1885

9. AGE (In years,

last birthday)

67

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Truck Driver

10B. KIND OF BUSINESS OR
INDUSTRY

Oriental Rug Co

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Peter Drageser

14. MOTHER'S MAIDEN NAME

Margaret (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mr. John F. Paul 312 E. Lorraine Ave.

18. 443 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary artery disease
Hypertension

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1947, to 4/19, 1953, that I last saw the
deceased alive on 3/26, 1953, and that death occurred at 8 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Hol Drageser

M. D.

23B. ADDRESS

150 E North Ore

23C. DATE SIGNED

4/21/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/22/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Cork Inc. 1217 St. Paul st.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

NAME OF DECEASED
DATE OF DEATH

PLACE OF DEATH
RESIDENCE OF DECEASED

DATE OF DEATH
PLACE OF DEATH

NAME OF DECEASED
DATE OF DEATH

NAME OF DECEASED
DATE OF DEATH

CAUSE OF DEATH

IMMEDIATE CAUSE OF DEATH
MANNER OF DEATH
ANTHROPOMORPHIC DATA
DATE OF DEATH
PLACE OF DEATH

NAME OF DECEASED
DATE OF DEATH

NAME OF DECEASED
DATE OF DEATH

NAME OF DECEASED
DATE OF DEATH

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NAME OF DECEASED
DATE OF DEATH

NAME OF DECEASED
DATE OF DEATH

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-630
53 3879BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3879
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Barbara E. Garrett

2. DATE
OF
DEATH

April 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1651 Kingsway Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONC. CITY OR TOWN (If outside corporation, village, or RURAL, and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1522 Mt. Royal Ave

c. Length of stay in Baltimore

Life Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Feb. 10, 1870

9. AGE (In years
last birthday)

83

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Helen P. Garrett 1522 Mt. Royal Ave.

18. 154X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) General Anemia

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

7 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Rectal Bleeding

2 years

(C)

Carcinoma Rectum

unknown

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1953 to April 18, 1953, that I last saw the
deceased alive on April 16, 1953, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Gerald A. Gauri

23B. ADDRESS

M. D.

113 Th. Monument

23C. DATE SIGNED

4/21/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Apr. 22, 1953

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston W. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H. W. Wilets - Son - 805 N. Calvert St.

0788 22

0788 22

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 3880BIRTH NO. 53 3880

1. NAME OF DECEASED (Type or Print) CLARENCE ADAM REINHARDT			2. DATE OF DEATH APRIL 20, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE MD. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2719 TIVOLI AVE			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore LIFE Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2719 TIVOLI AVE.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR. 12, 1881	9. AGE (In years last birthday) 72	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EXECUTIVE		10B. KIND OF BUSINESS OR INDUSTRY ORIENTAL RUG	11. BIRTHPLACE (State or foreign country) BALTO. MD.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME HENRY REINHARDT			14. MOTHER'S MAIDEN NAME CHRISTINE WURACH		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 218-32-0558	17. INFORMANT ADDRESS MRS MAMIE REINHARDT ABOVE		
18. 422.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Cerebral Hemorrhage DUE TO 7 days (B) Cardio Vascular Disease DUE TO 3 years (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan , 1952, to April 20, 1953 that I last saw the deceased alive on April 20, 1953 , and that death occurred at 11:50 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Harry Glassman		23B. ADDRESS 2687 Maple Ave		23C. DATE SIGNED April 21, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 4-23-1953	24C. NAME OF CEMETERY OR CREMATORY BALTIMORE	24D. LOCATION (City, town, or county) BALTO.	(State) MD.
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS H.W. JENKINS & SONS Co. 4905 YORK RD.	

VS 150

29066

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

<

DATE OF DEATH

PLACE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

IMMEDIATE CAUSE

UNDERLYING CAUSE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

IMMEDIATE CAUSE

UNDERLYING CAUSE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

IMMEDIATE CAUSE

UNDERLYING CAUSE

53 3881

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3881

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Newry Cole</i>		2. DATE OF DEATH <i>4-20-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. City</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>27 North Carey Street</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore <i>7 Yrs.</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1413 Barnes Street</i>			
S. SEX <i>M</i>	6. COLOR OR RACE <i>Col</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>		8. DATE OF BIRTH <i>?</i>	9. AGE (in years, last birthday) <i>64</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>In General</i>		11. BIRTHPLACE (State or foreign country) <i>West India Island</i>	
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Edgar Brown 1404 E. Monument St</i>	
18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cardio Vascular Disease ?</i> and <i>Pulmonary fibrosis ?</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) <i>DO TO</i>			
(B) <i>DUE TO</i>		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>April 19, 53</i> , to <i>April 20, 53</i> , that I last saw the deceased alive on <i>April 19, 53</i> , and that death occurred at <i>12</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>H. R. Johnson</i>		23B. ADDRESS <i>403 Medart St</i>		23C. DATE SIGNED <i>4-20-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/24/1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Brooklyn Md.</i>		24E. FUNERAL DIRECTOR <i>Elroyo, Wilson / one Beauty up</i>		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 21</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		VS 150 <i>Under treatment at Johns Hopkins Clinic.</i> <i>97099</i>	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3882
Registered No.

1. NAME OF DECEASED (Type or Print) Bienvenido Corchado		2. DATE OF DEATH Apr 20-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 14 Yrs.		D. STREET ADDRESS (If rural, give location) 1020 Disquith St	
5. SEX male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 6-27-12
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchan seaman		10B. KIND OF BUSINESS OR INDUSTRY One Shipman	9. AGE (In years last birthday) 40
11. BIRTHPLACE (State or foreign country) Aguadilla Puerto Rico		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Juilen Carchado		14. MOTHER'S MAIDEN NAME Franseoa Carchado	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	
18. 445X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia CAUSE OF DEATH Malignant Hypertension INTERVAL BETWEEN ONSET AND DEATH four weeks months			
II OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 4-23-53	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-11 , 19 53 , to 4-20 , 19 53 , that I last saw the deceased alive on 4-20 , 19 53 , and that death occurred at m. , from the causes and on the date stated above.			
23A. SIGNATURE Carle G. Johnson		23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 4/20/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/23/1953	24C. NAME OF CEMETERY OR CREMATORY St Peters Cem.	24D. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 21 1953	REGISTRAR'S SIGNATURE Huntington Williams	FUNERAL DIRECTOR'S ADDRESS Elroy O. Wilson 1000 Bunting	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 3883	
BIRTH NO. 53 3883					
1. NAME OF DECEASED (Type or Print) Elmer G Price			2. DATE OF DEATH April 20, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Cal 6			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 25-04		
c. Length of stay in Baltimore 2 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 218 Washburn Ave		
5. SEX male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH 4-3-1906	9. AGE (In years last birthday) 47	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician			10B. KIND OF BUSINESS OR INDUSTRY Electrician		11. BIRTHPLACE (State or foreign country) Philadelphia Pa
12. CITIZEN OF WHAT COUNTRY? U.S.			13. FATHER'S NAME Frank Price		
14. MOTHER'S MAIDEN NAME May Moore			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT JOHNS HOPKINS HOSPITAL ADDRESS		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction			INTERVAL BETWEEN ONSET AND DEATH 5 min		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic cardiovascular disease			DUE TO 10+ years		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cirrhosis of the liver			10+ years		
19A. DATE OF OPERATION 4-20-53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 4-18 , 19 53 to 4-20 , 19 53 , that I last saw the deceased alive on 4-20 , 19 53 , and that death occurred at 11:35 P. , from the causes and on the date stated above.			
23A. SIGNATURE Alexander W. Woods		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 4/20/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/23/53		24C. NAME OF CEMETERY OR CREMATORY Collington National Cem. Collington Pa	
24D. LOCATION (City, town, or county) (State) Collington Pa		25. FUNERAL DIRECTOR W. W. Chandler - Hartington		ADDRESS Hartington 21C	
DATE RECEIVED BY LOCAL REGISTRAR APR 21 1953		REGISTRAR'S SIGNATURE W. W. Chandler			
VS 150 51524					

Handwritten notes, possibly bleed-through from the reverse side of the page. The text is faint and mostly illegible due to the quality of the scan and the nature of the handwriting. Some discernible words include "Handwritten", "Notes", and "Page 32".

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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3884

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 53 3884
Registered No.

1. NAME OF DECEASED (Type or Print) WILLIAM A. YOUNG		2. DATE OF DEATH April 18, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1910 N. Charles St.		C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1910 N. Charles St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 3-4-1888
9. AGE (in years last birthday) 65		10. Under 1 Year Months Days	11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FURNITURE FIN.		10B. KIND OF BUSINESS OR INDUSTRY FURNITURE	
11. BIRTHPLACE (State or foreign country) BALTO		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME GEORGE W. YOUNG		14. MOTHER'S MAIDEN NAME MARGARET JONES	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. ?	
17. INFORMANT Mrs J. WAGNER		ADDRESS 309 Independence St	
18. 334X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral arteriosclerosis DUE TO (A) Cerebral arteriosclerosis ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE R. F. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED April 21, 1953		M.D.	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 4-21-53	
24C. NAME OF CEMETERY OR CREMATORY BALTO		24D. LOCATION (City, town, or county) (State) ENORTH A. BALTO. MD	
DATE RECEIVED BY LOCAL REGISTRAR APR 21 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Melmed J. Blight		ADDRESS 1009 Harford Rd	

VS 151

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3885
Registered No.

1. NAME OF DECEASED (Type or Print) Elizabeth Montague		2. DATE OF DEATH 4/17/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, City		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION #315 Dolphin Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, City.	
c. Length of stay in Baltimore 40Yrs		D. STREET ADDRESS (If rural, give location) 315 Dolphin Street	
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 9/2/1883
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Warsaw Virginia	
13. FATHER'S NAME John Bowley		14. MOTHER'S MAIDEN NAME Edmona Tate	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		17. INFORMANT ADDRESS Eunice Adderley 315 Dolphin Street	

16. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiovascular Disease		CAUSE OF DEATH Cardiovascular Disease	INTERVAL BETWEEN ONSET AND DEATH 1 y
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 4-22-53		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 5-12 , 19 52 to 4-18 , 19 53 that I last saw the deceased alive on 2-17 , 19 53 and that death occurred at _____ m., from the causes and on the date stated above.				
23A. SIGNATURE W. Atwell Jones		23B. ADDRESS 315 Dolphin St		23C. DATE SIGNED 4-20-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/22/53	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, City.	
DATE RECEIVED BY LOCAL REGISTRAR Thurston Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Isaiah L. Brown & Son		

108 W. Montgomery St

MARGIN RESERVED FOR BINDING

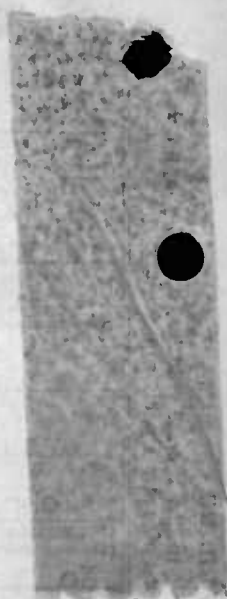
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DECLARATION OF DEATH

BEFORE ME, the undersigned authority, on this day personally appeared

1283

1283



I hereby certify that the foregoing is a true and correct copy of the original as the same appears in the records of the Department of Health, State of New York.

Witness my hand and the seal of the Department of Health, at Albany, New York, this day of 19

19

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19

53 3886

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3886

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOANNA WOLINSKA

2. DATE
OF DEATH

APRIL 20, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2600 FLEET ST.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 1-03

d. STREET ADDRESS (If rural, give location)

2600 FLEET ST

c. Length of stay in Baltimore

63 yrs.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

AUG. 21, 1882

9. AGE (In years last birthday)

71

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PACKER

10b. KIND OF BUSINESS OR INDUSTRY

CANNING

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

NICHOLAS STOLLENSKI

14. MOTHER'S MAIDEN NAME

CATHERINE ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

216-09-2714

17. INFORMANT

ADDRESS

Frances Gerlach 2600 Fleet St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertension Cardio-Vascular Disease

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from April 9, 1953, to April 20, 1953, that I last saw the deceased alive on April 9, 1953, and that death occurred at 4:47 m., from the causes and on the date stated above.

23a. SIGNATURE

Wm. L. Stinson

M.O.

23b. ADDRESS

2079 Eastern Ave.

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24b. DATE

APR. 24, 1953

24c. NAME OF CEMETERY OR CREMATORY

HOLY ROSARY

24d. LOCATION (City, town, or county) (State)

BALTO. COUNTY

DATE RECEIVED BY LOCAL REGISTRAR

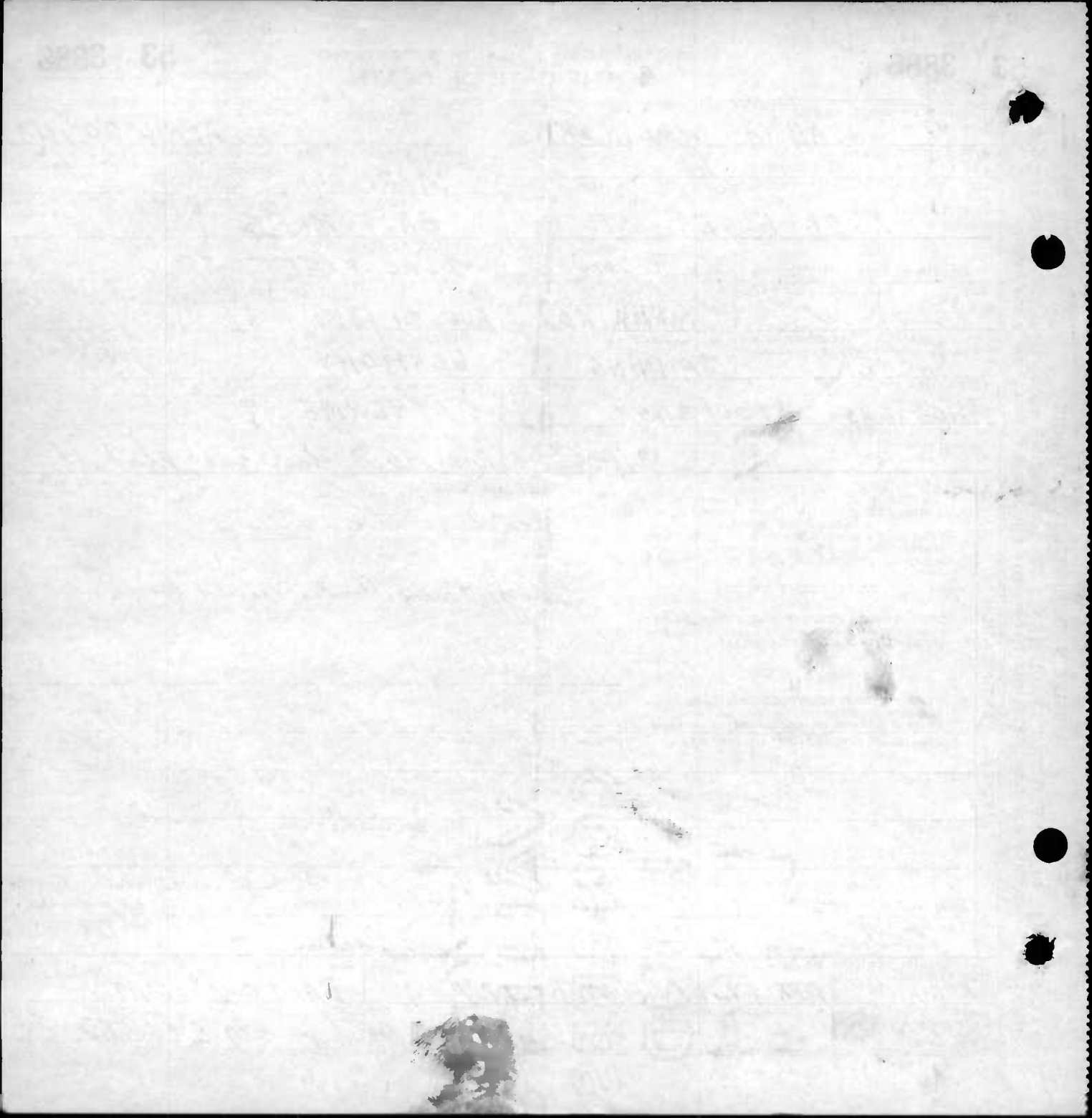
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Mary Weber 401 S. Chester St.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 3887**

 BIRTH NO. **53 3887**

1. NAME OF DECEASED (Type or Print) CECILIA K. QUANDT			2. DATE OF DEATH Apr. 19, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY 12-01		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION The Ambassador Apts. Canterbury Rd. & 39th St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. 12-01 Mos. 12-01 Days 12-01			D. STREET ADDRESS (If rural, give location) Canterbury Rd. & 39th St.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Dec. 28, 1852		9. AGE (In years last birthday) 90
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Never worked		10B. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? 12-01
13. FATHER'S NAME Charles Quandt			14. MOTHER'S MAIDEN NAME Sophia Seng		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. -	17. INFORMANT ADDRESS Mr. Charles Quandt-The Ambassador Apts.		
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral HEMORRHAGE WITH RIGHT HEMIPLEGIA DUE TO GENERAL & CEREBRAL ARTERIOSCLEROSIS DUE TO HYPER- DUE TO HYPER-			INTERVAL BETWEEN ONSET AND DEATH 5 days 10+ YEARS 5+ YEARS		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II HYPERTENSIVE ART- SCLER. HEART DIS.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1948 to APR. 19 , 19 53 that I last saw the deceased alive on APR. 19 , 19 53 , and that death occurred at 6 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE Robert W. Garis		23B. ADDRESS 1103 ST PAUL ST, BALTO, MD.		23C. DATE SIGNED 4/20/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/22/53		24C. NAME OF CEMETERY OR CREMATORY Lorraine Cem.	
24D. LOCATION (City, town, or county) (State) Woodlawn, Md.		25. FUNERAL DIRECTOR Wm. J. Pickner & Sons		25. ADDRESS Balto 17, Md.	
DATE RECEIVED BY LOCAL REGISTRAR 4/22/53		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

CERTIFICATE OF DEATH

1. Name of Deceased

2. Sex

3. Age

4. Date of Death

5. Time of Death

6. Place of Death

7. Cause of Death

8. Nature of Injury

9. Name of Physician

10. Name of Registrar

11. Name of Coroner

12. Name of Jury

13. Name of Judge

14. Name of Sheriff

15. Name of Constable

16. Name of Justice

17. Name of Clerk

18. Name of Treasurer

19. Name of Assessor

20. Name of Collector

CERTIFICATE CORRECTED

5-4-53

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 3888

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THOMAS ELLSWORTH JOHNSON

2. DATE
OF
DEATH

April 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2812 Winchester St.

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2812 Winchester St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Dec. 29, 1889

9. AGE (In years

last birthday)

63

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Paper Hanger

10B. KIND OF BUSINESS OR INDUSTRY

Self Employed

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Ellsworth D. Johnson

14. MOTHER'S MAIDEN NAME

Alberta V. Benner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

World War 1

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. William Frazier - 2812 Winchester St.

18. 502.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1948, to April 19, 1953, that I last saw the deceased alive on 4/18, 1953, and that death occurred at 12:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Sam Ashman

M. D.

23B. ADDRESS

1201 Pylar Lane SE

23C. DATE SIGNED

4-20-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/22/53

24C. NAME OF CEMETERY OR CREMATORY

Balto. National Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Subject to approval as requested
 be ok'd by M. E. *by Dr. Russell Fisher - Med. Examiner*
 BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH
 Registered No. *53 3889*

H-522
 53 3889

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
JOSEPH HENRY HANCOCK		Apr. 19, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 3210 Ravenwood Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3210 Ravenwood Ave.	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 23, 1890
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) meat wrapper		10B. KIND OF BUSINESS OR INDUSTRY Wholesale meats	9. AGE (In years last birthday) 62
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Joseph H. Hancock, Sr.		14. MOTHER'S MAIDEN NAME Alice Porter	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. William W. Lewis - 4629 Manordene Rd		ADDRESS	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Sclerosis Coronary Embolism</i> (A) _____ DUE TO (B) <i>unknown</i> DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH <i>about 1 1/2 hrs.</i>		CERTIFICATION APPROVED BY <i>R. Fisher</i> M. D. CHIEF OR ASST. MEDICAL EXAMINER	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>none found</i>			
19A. DATE OF OPERATION <i>none</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <i>no</i>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>4-19</i> , 19 <i>53</i> , to <i>4-19</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>4-19</i> , 19 <i>53</i> , and that death occurred at <i>11:59 a.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Wm. Lewis</i>		23B. ADDRESS M. O. <i>790 E. Monument St</i>	
23C. DATE SIGNED <i>4-7-53</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE <i>4/22/53</i>	
24C. NAME OF CEMETERY OR CREMATORY Bethel Cem.		24D. LOCATION (City, town, or county) (State) Winfield, Md.	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 23 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Chas. J. Fisher & Sons</i>		ADDRESS <i>Balto 17, Md.</i>	

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 3890****M-460**
53 3890
BIRTH NO.

1. NAME OF DECEASED (Type or Print) N. BIANCHE MILLER			2. DATE OF DEATH April 21, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3800 Egerton Rd.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2800 Egerton Rd.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 9, 1882	9. AGE (In years last birthday) 70	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Buyer		10B. KIND OF BUSINESS OR INDUSTRY Dept. Store	11. BIRTHPLACE (State or foreign country) W. Va.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William W. Kirkwood			14. MOTHER'S MAIDEN NAME Frances Brewer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Miss L. Margaret Straughan - 3800 Egerton Rd.		

18. 181X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Canceroma of Bladder (primary) with metastasis to uremia		CAUSE OF DEATH Canceroma of Bladder (primary) with metastasis to uremia	INTERVAL BETWEEN ONSET AND DEATH 1 year
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO	
(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION Nov 1952		19B. MAJOR FINDINGS OF OPERATION Canceroma urinary Bladder		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1952 to April 21, 1953 , that I last saw the deceased alive on April 21, 1953 and that death occurred at 4:40 a.m. from the causes and on the date stated above.					
23A. SIGNATURE Lorraine Williams		23B. ADDRESS 3033 W. Kent St.		23C. DATE SIGNED 4/21/53	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/24/53	24C. NAME OF CEMETERY OR CREMATORY Lorraine Cem.	24D. LOCATION (City, town, or county) (State) Woodlawn, Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 21 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. J. Lickner & Sons	ADDRESS Balto 17, Md.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

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1910-11-10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-650
FVJ 168622
53 3891

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3891

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		E Bessie/Brown		4-20-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 13 yrs.			D. STREET ADDRESS (If rural, give location) 14 West 24th Street		
5. SEX F	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 18, 1878	9. AGE (In years - last birthday) 74	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ?		10B. KIND OF BUSINESS OR INDUSTRY ?	11. BIRTHPLACE (State or foreign country) South Carolina		12. CITIZEN OF WHAT COUNTRY? ✓
13. FATHER'S NAME Deceased Elley D. Smith			14. MOTHER'S MAIDEN NAME Deceased Josephine Snipes		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. -	17. INFORMANT ADDRESS B.C.H. 4940 Eastern Ave. (records)		
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH (A) Bronchopneumonia DUE TO (B) Cerebral vascular accident DUE TO (C) Hypertensive Cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH 4 days 1 mo. years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION O		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3 - 12 - 1953, to 4 - 20 - 1953 that I last saw the deceased alive on 4 - 20 - 1953, and that death occurred at 9:00a.m., from the causes and on the date stated above.					
23A. SIGNATURE H. J. Pickner			23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 4-20-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 4/21/53		24C. NAME OF CEMETERY OR CREMATORY --	
24D. LOCATION (City, town, or county) (State) Marion, South Carolina		25. FUNERAL DIRECTOR Huntington Williams, M.D. J. Pickner & Sons Baltimore, Md.			

1833

35

THE UNIVERSITY OF CHICAGO

1833

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 3892**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Maryanna Kolasinski

2. DATE
OF
DEATH **4-19-1953**3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE **Maryland** B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION**824 S. Luzerne Ave.**C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
Baltimorec. Length of stay in Baltimore **57 years**
Yrs.
Mos.
DaysD. STREET ADDRESS (If rural, give location)
824 S. Luzerne Ave.

5. SEX

F

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

2-14-18819. AGE (In years
last birthday)**72**H Under 1 Year
Months DaysH Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Food Packer10B. KIND OF BUSINESS OR
INDUSTRY
Roberts Co.11. BIRTHPLACE (State or foreign country)
Poland12. CITIZEN OF
WHAT COUNTRY?
U.S. A.

13. FATHER'S NAME

John Napieralski

14. MOTHER'S MAIDEN NAME

Maryanna ?15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
213-16-423817. INFORMANT ADDRESS
Miss Rose Kolasinski 824 S. Luzerne18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

**Hypertensive Cardiovascular
disease**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Generalized arteriosclerosis

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April 6, 1953** to **April 19, 1953**, that I last saw the
deceased alive on **April 16, 1953** and that death occurred at **2 A** m., from the causes and on the date stated above.

23A. SIGNATURE

E. A. Flanagan Jr. M.D.

23B. ADDRESS

3501 Fair Ave. Balto

23C. DATE SIGNED

4-20-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial**April 23/53****Holy Rosary Cemetery****German Hill Balto Md**DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D. John J. Duda Inc 2829 Hudson St

5025

23

WASHINGTON CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5025

23

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY INTO COUNTRY

DATE OF ENTRY INTO STATE

DATE OF ENTRY INTO CITY

DATE OF ENTRY INTO DISTRICT

DATE OF ENTRY INTO WARD

DATE OF ENTRY INTO BLOCK

DATE OF ENTRY INTO HOUSE

DATE OF ENTRY INTO ROOM

DATE OF ENTRY INTO BED

DATE OF ENTRY INTO CLOSET

DATE OF ENTRY INTO BATH

DATE OF ENTRY INTO KITCHEN

DATE OF ENTRY INTO LIVING ROOM

DATE OF ENTRY INTO DINING ROOM

DATE OF ENTRY INTO PORCH

DATE OF ENTRY INTO GARAGE

DATE OF ENTRY INTO DRIVE

DATE OF ENTRY INTO YARD

DATE OF ENTRY INTO GARDEN

DATE OF ENTRY INTO FENCE

DATE OF ENTRY INTO FENCE

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DATE OF ENTRY INTO FENCE

DATE OF ENTRY INTO FENCE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

53 3893

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Kenneth Jackson

2. DATE
OF
DEATH

4-19-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD.

BALTO.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

ST. AGNES HOSP.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

CATONSVILLE

D. STREET ADDRESS (If rural, give location)

1304 RICE AVE.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

SEPT. 17, 1905

9. AGE (in years
last birthday)

47

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RECREATION THERAPY

10B. KIND OF BUSINESS OR
INDUSTRY

MENTAL HOSPITAL

11. BIRTHPLACE (State or foreign country)

NEW YORK

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

THOMAS E.

14. MOTHER'S MAIDEN NAME

ROSA BROOKS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Dorothy Jackson - 1304 Rice Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Acute Coronary Thrombosis

1 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Atherosclerosis Cerebral & peripheral

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-13, 1953, to 4/19, 1953, that I last saw the deceased alive on 4/19, 1953, and that death occurred at 10:15 PM., from the causes and on the date stated above.

23A. SIGNATURE

Curt R. Kelly - Jr.

M. D.

23B. ADDRESS

4605 Edmondson Ave

23C. DATE SIGNED

4/20/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

4-22-53

24C. NAME OF CEMETERY OR CREMATORY

Landon Park Cemetery

24D. LOCATION (City, town, or county)

Jetta.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Therese M. Williams

25. FUNERAL DIRECTOR

ADDRESS

George J. Farley - Catonsville Md.

0000

UNITED STATES DEPARTMENT OF HEALTH

STATE OF CALIFORNIA

0000

0000

100

100

100

B-452

53 3894

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3894

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MISS SARAH VASHTI BLANCHARD

2. DATE
OF
DEATH

APRIL 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 33rd Colver

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND B. COUNTY BALTIMORE

B. FULL NAME OF HOSPITAL OR INSTITUTION

UNION MEMORIAL HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 18 12-02

C. Length of stay in Baltimore

37 1/2

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3333 N. CHARLES ST. CHARLES APTS

5. SEX

FEMALE WHITE

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
SINGLE

8. DATE OF BIRTH

SEPT. 1, 1887

9. AGE (In years last birthday)

65

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SECRETARY

10B. KIND OF BUSINESS OR INDUSTRY

Md. Truck Co.

11. BIRTHPLACE (State or foreign country)

VIRGINIA

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

JAMES RICHARD BLANCHARD

14. MOTHER'S MAIDEN NAME

MARY C. HURDIE HURTLE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

NO

(If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

217-14-5409

17. INFORMANT

MRS. THEOPHILUS WHITE

ADDRESS
AMBASSADOR APTS
BALTIMORE 18

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

UREMIA

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

arteriosclerosis, generalized

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

arteriosclerotic cardio-vascular disease
Asthma

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL 8, 1953 to APRIL 20, 1953, that I last saw the deceased alive on APRIL 20, 1953, and that death occurred at 7:35 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Lyle D. Vincent

M. D.

23B. ADDRESS

Union Mem Hosp.

23C. DATE SIGNED

Apr. 20, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1980 02

UNITED STATES OF AMERICA
DEPARTMENT OF DEFENSE

OFFICE OF THE SECRETARY OF DEFENSE

WASHINGTON, D.C. 20301

ATTENTION: Mr. [Name]

Room 3030

Building 3030

Fort Belvoir

Fort Belvoir

Fort Belvoir

Fort Belvoir

Fort Belvoir

Fort Belvoir

Fort Belvoir

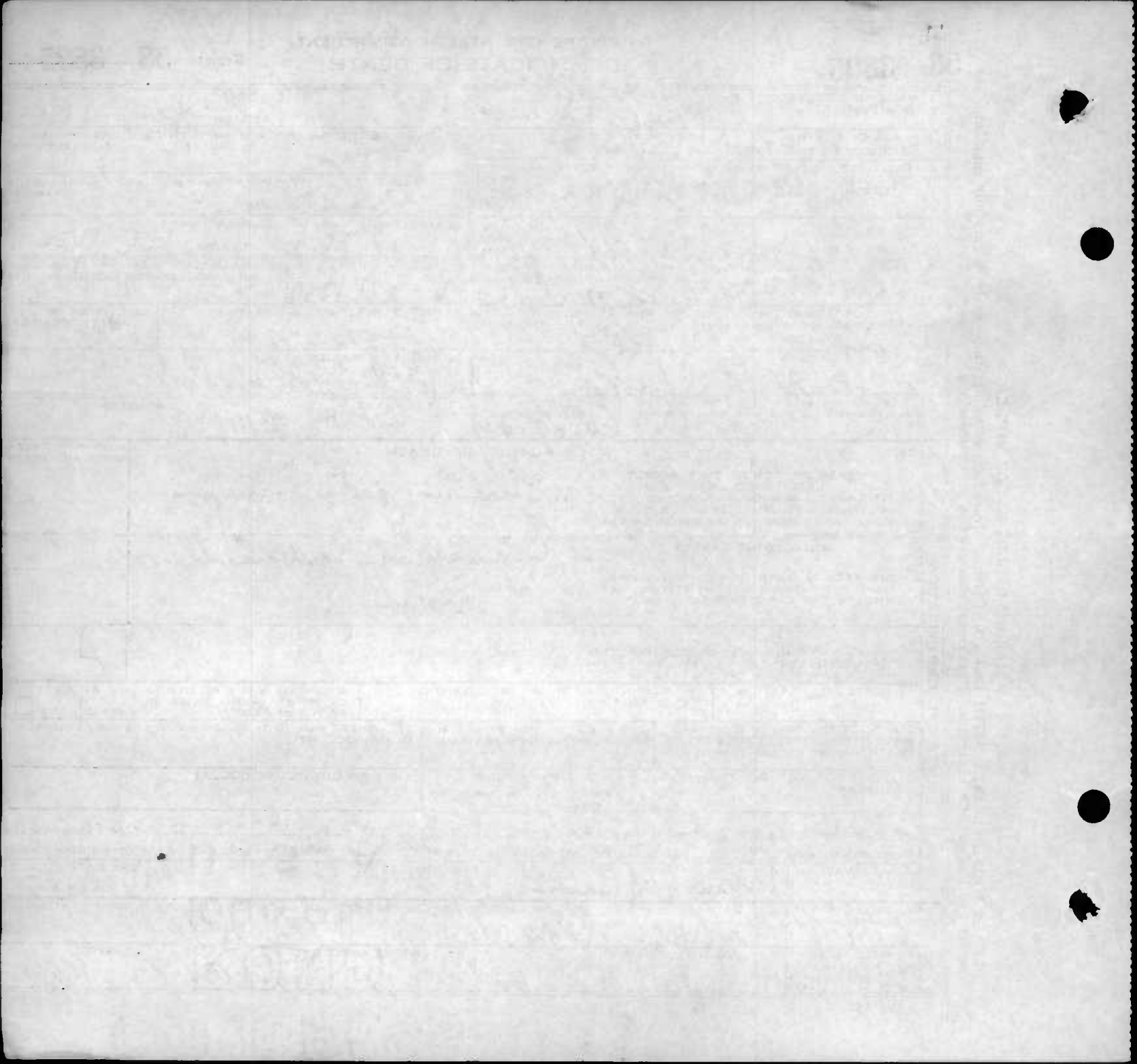
Fort Belvoir

Fort Belvoir

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				Registered No. 3895	
CERTIFICATE OF DEATH					
BIRTH NO. 5-351		3895			
1. NAME OF DECEASED (Type or Print) <i>John Stone Stump Jr</i>			2. DATE OF DEATH <i>April 21, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Room 3</i>			4. USUAL RESIDENCE (Where deceased lived if institution; residence before admission) A. STATE <i>md.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>4 Upland Rd Apt 19</i>		
5. SEX <i>male</i>	6. COLOR, OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (specify) <i>Married</i>	8. DATE OF BIRTH <i>12-28-1880</i>	9. AGE (In years last birthday) <i>72</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Refined</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Oil</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>			13. FATHER'S NAME <i>John S. Stump</i>		
14. MOTHER'S MAIDEN NAME <i>Sally Allen Smith</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		
16. SOCIAL SECURITY NO. <i>091-09-0440</i>			17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		
18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH (A) <i>Dissecting aortic aneurysm</i> DUE TO (B) <i>Atherosclerotic Cardiovascular Disease</i> DUE TO (C)		
INTERVAL BETWEEN ONSET AND DEATH					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>✓</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4-20, 1953</i> to <i>4-21, 1953</i> , that I last saw the deceased alive on <i>4-21, 1953</i> and that death occurred at <i>3:10 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Norman D. Shaver</i> M. D.			23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>4-21-53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Apr/23/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Elmwood</i>	24D. LOCATION (City, town, or county) (State) <i>Norfolk Va</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 21 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Decker & Son</i>	
				ADDRESS <i>Worshipful</i>	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3896

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Arthur Clifford Hearn

2. DATE
OF
DEATH

Apr. 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3901 Garrison Blvd.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE Md. B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-10

c. Length of stay in Baltimore 60 yrs
Yrs. _____ Mos. _____ Days _____

D. STREET ADDRESS (If rural, give location)
3901 Garrison Boulevard

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Sept. 13, 1873

9. AGE (In years last birthday)

79

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Physician

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Howard Co., Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Samuel F. Hearn

14. MOTHER'S MAIDEN NAME

Maria Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mary L. Hearn-3901 Garrison Blvd.

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

OCCCLUSION OF CORONARY ARTERY 3 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

ARTERIO SCLEROSIS

DUE TO

(C)

SENILITY

9 yrs

9 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH NONE

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☒ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 1930 to April 19, 1953 that I last saw the deceased alive on April 19, 1953 and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

A. J. Charfaut

23B. ADDRESS

6210 York St

23C. DATE SIGNED

Apr 23, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/22/53

24C. NAME OF CEMETERY OR CREMATORY

Union Cemetery

24D. LOCATION (City, town, or county)

Montgomery Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

E. E. Smith

ADDRESS

4600 Liberty Hgts. Ave.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-324

53 3897

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3897
Registered No.

1. NAME OF DECEASED (Type or Print) ELLEN MA METCALFE			2. DATE OF DEATH Apr. 21, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore City			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1042 Brentwood Avenue		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 24, 1887		9. AGE (In years last birthday) 65
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone operator			10B. KIND OF BUSINESS OR INDUSTRY Balto. Country Club		11. BIRTHPLACE (State or foreign country) Baltimore, Md.
13. FATHER'S NAME Charles F. Metcalfe			14. MOTHER'S MAIDEN NAME Alice M. Berry		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 212-10-7470		
17. INFORMANT Alice Virginia Hatter			ADDRESS		
18. E812.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Crushing injury of chest DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH 5304 Wayne Ave.		INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Chase and Calvert Sts.	
21D. TIME (Month) (Day) (Year) (Hour) April 21, 1953 7:15 A.M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by auto	
22. I certify that I took charge of the remains described above, held an <u>inspection & inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>R. F. Fisher</i>			23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Apr. 21, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Apr. 24, 1953		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	
24D. LOCATION (City, town, or county) (State) Woodlawn, Md.		25. FUNERAL DIRECTOR Ellsworth Amason			
DATE RECEIVED BY LOCAL REGISTRAR APR 22 1953		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		ADDRESS 4600 Liberty Hghts. Ave.	

VS 151

N862.2

37084

1941 50

1941 50



53 3898

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3898

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN ULSCH

2. DATE
OF
DEATH

April 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 802 S. Curley St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

802 S. Curley St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 16, 1953

9. AGE (In years
last birthday)

59

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk.

10B. KIND OF BUSINESS OR
INDUSTRY

Wholesale Grocers

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph Ulsch

14. MOTHER'S MAIDEN NAME

Anna Hoffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

212-10-9221

17. INFORMANT

Theresa Ulsch 802 S. Curley St.

ADDRESS

18. 42211

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Bronchial Asthma

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Chronic Myocarditis

(C) DUE TO

Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/31, 1953 to 4/19, 1953, that I last saw the
deceased alive on 4/17, 1953 and that death occurred at 2:00 A.M. from the causes and on the date stated above.

23A. SIGNATURE

Joseph Towhey

23B. ADDRESS

441 S. Ellwood Ave

23C. DATE SIGNED

4/21/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4- 22 -53

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart Cemetery 7401 German Hill Rd., Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Charles S. Zeiler

901 S. Conkling St.

CERTIFICATE OF DEATH

1. Name of deceased

2. Sex

3. Age

4. Date of death

5. Place of death

6. Cause of death

7. Signature of physician

8. Signature of registrar

9. Signature of witness

10. Signature of family

11. Signature of clergyman

12. Signature of undertaker

13. Signature of funeral home

14. Signature of cemetery

15. Signature of burial place

16. Signature of interment

17. Signature of final disposition

18. Signature of record

19. Signature of filing

20. Signature of completion

BALTIMORE CITY HEALTH DEPARTMENT				Registered No. 53 3899	
53 3899, 3-08931				CERTIFICATE OF DEATH	
BIRTH NO.				1. NAME OF DECEASED (Type or Print) <u>BABY GIRL CAMPBELL</u>	
2. DATE OF DEATH <u>APRIL 17, 1953</u>					
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MARYLAND</u> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>MERCY HOSPITAL</u>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTIMORE 11-01</u>	
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) <u>938 N. CALVERT</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>N</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>	8. DATE OF BIRTH <u>APRIL 17, 1953</u>	9. AGE (In years last birthday)	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <u>BALTIMORE</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>ELISHER CAMPBELL</u>			14. MOTHER'S MAIDEN NAME <u>BIANCA</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS <u>Hospital Records</u>		
18. <u>774X</u> CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Prematurity</u>					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Cardio-respiratory</u>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>				19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>April 17, 1953</u> , to <u>April 17, 1953</u> , that I last saw the deceased alive on <u>April 17, 1953</u> , and that death occurred at <u>1:20 p.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Martha Tiona Carter</u>		23B. ADDRESS <u>Home</u>		23C. DATE SIGNED <u>4-17-53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>April 22/53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>New Cathedral</u>	
24D. LOCATION (City, town, or county) <u>Fredens Road</u>					
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <u>Huntington Williams, Jr.</u>		25. FUNERAL DIRECTOR <u>Wm Cook, Inc.</u>	
				ADDRESS <u>1217 ST. PAUL ST.</u>	

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UNITED STATES DEPARTMENT OF HEALTH
CENTRAL BUREAU OF DEATH

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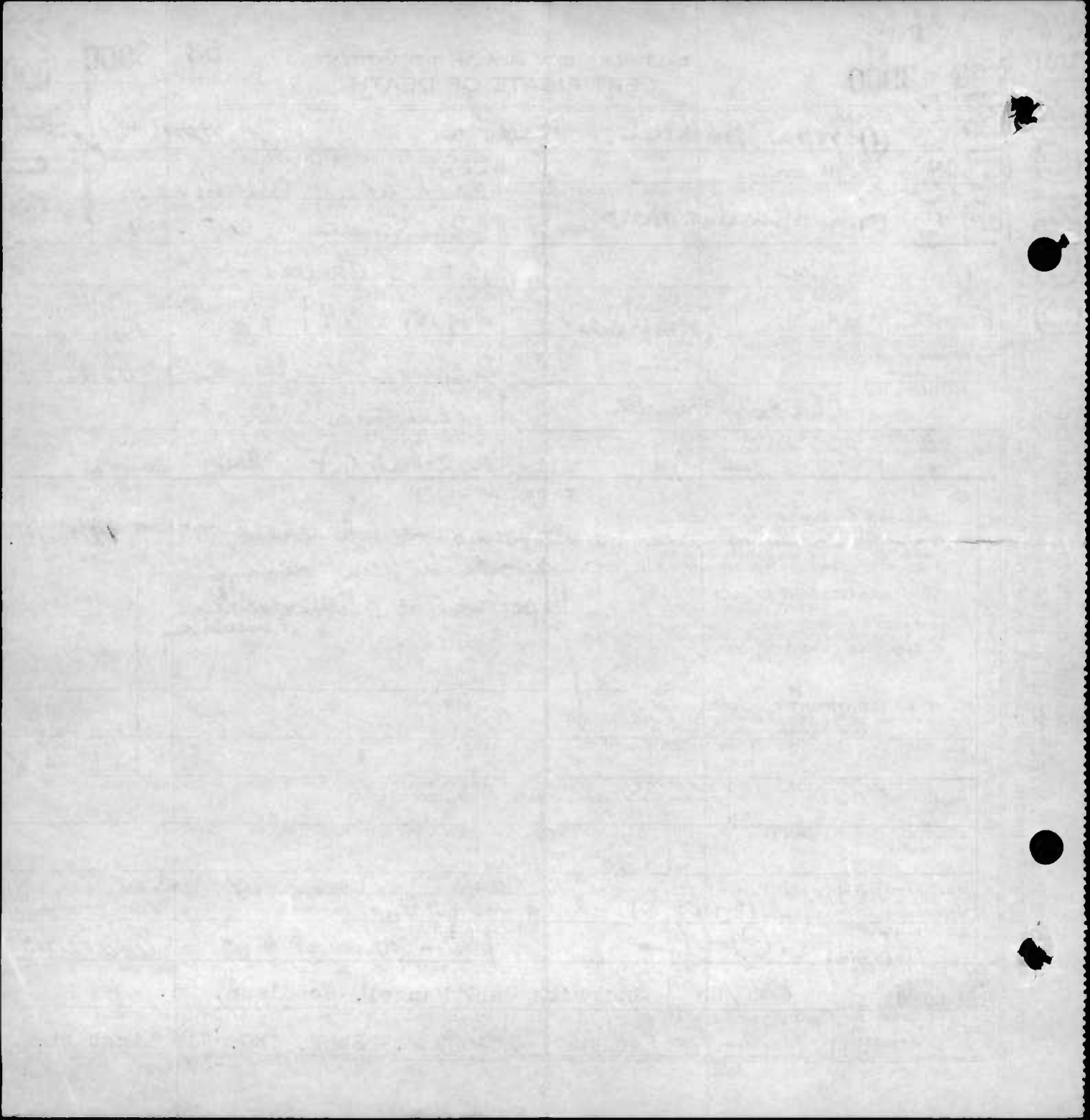


53 3900

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3900
Registered No.

1. NAME OF DECEASED (Type or Print) Lissetta Katherine Fiedler		2. DATE OF DEATH April 19, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hosp		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 23-01	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1232 S. Charles St	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug 15, 1884
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 68
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles Frank		14. MOTHER'S MAIDEN NAME Christina Schnab	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr Albert C. Fiedler		ADDRESS same	
18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial infarction DUE TO atherosclerotic heart disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive cardiovascular disease DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO		INTERVAL BETWEEN ONSET AND DEATH 15 days	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 8, 1953 , to April 19, 1953 , that I last saw the deceased alive on April 19, 1953 , and that death occurred at 11:45 a.m., from the causes and on the date stated above.			
23A. SIGNATURE Mary L. Poff		23B. ADDRESS Union Memorial Hosp	
23C. DATE SIGNED April 19, 1953			
24A. BURIAL, CREMATION, REMOVAL (Specify) Entombment		24B. DATE 4/22/53	
24C. NAME OF CEMETERY OR CREMATORY Lorraine Park Mausol.		24D. LOCATION (City, town, or county) (State) Woodlawn, Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 22 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR JOHN F. DENNY, INC.		ADDRESS 715 Light St.	



53 3901

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)SELVIA ~~Schapiro~~ Shapiro2. DATE
OF
DEATH

4/21/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

27-20

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Sinai Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Md

D. STREET ADDRESS (If rural, give location)

4003 Pinkney Rd

c. Length of stay in Baltimore

41

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months Days
11. Under 24 Hours
Hours Min.

68

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HW

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Berel Floam

14. MOTHER'S MAIDEN NAME

Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Solomon Floam - 4003 Pinkney Rd

18. 422.1 and 175X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pulmonary tuberculosis

INTERVAL BETWEEN
ONSET AND DEATH

10 min.

DUE TO

ANTECEDENT CAUSES

(B)

Arteriosclerotic Cardiovascular Dis.

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma Ovary

19A. DATE OF OPERATION

4/16/53

19B. MAJOR FINDINGS OF OPERATION

Carcinoma in cyst of rt. ovary

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/13 1953, to 4/21 1953, that I last saw the
deceased alive on 4/21 1953, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Ranul Bakal

M. O.

23B. ADDRESS

Sinai Hsp.

23C. DATE SIGNED

4/21/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

4-22-1953

24C. NAME OF CEMETERY OR CREMATORY

Rosevale

24D. LOCATION (City, town, or county)

Balt

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 22 1953

Huntington Williams, Jack Lewis M - 2100 Euter, PL

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1000

1000

1000

1000

1000

1000

1000

1000



AB-169607

53 3902

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3902
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ella Jones

2. DATE
OF
DEATH

4-17-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONBaltimore City Hospitals
4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

615 N. Carey Street zone 17

c. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

?

9. AGE (In years;

last birthday)

79

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

?

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. 4940 Eastern Ave. (records)

18.

331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebro-Vascular Accident

DUE TO

ANTECEDENT CAUSES

(B)

Hypertension

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-17, 1953, to 4-17, 1953, that I last saw the deceased alive on 4-17, 1953, and that death occurred at 10:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

A. J. Jones

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

4-17-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4-23-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Frances C. Hendry

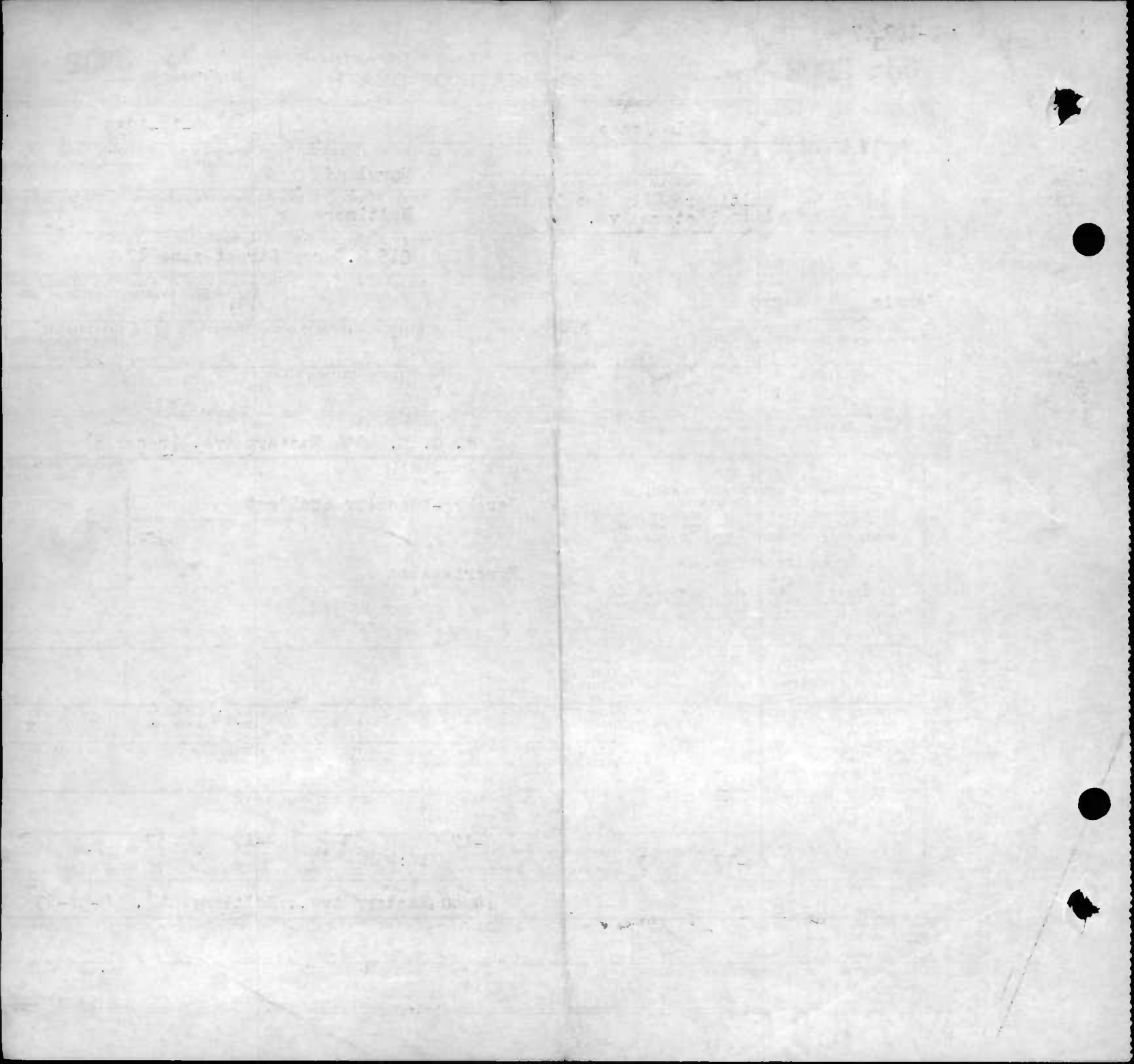
ADDRESS

5784

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Y-360

53 3903

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3903

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mildred M. Voter

2. DATE
OF
DEATH

Apr. 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
MarylandB. FULL NAME OF (If not in hospital or institution, give street address or
location)

3131 Orlando Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

12 West Biddle Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

separated

8. DATE OF BIRTH

April 11, 1903

9. AGE (In years
last birthday)

50

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Mgr. Empire Store, Laundry

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John V. Mc Graw

14. MOTHER'S MAIDEN NAME

Mary A. Mc Grath

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Earl Jewett, 3131 Orlando Ave.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Myocardial Infarction
Hypertensive Cardio-Vascu-
lar Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

4 1/2 WEEKS

5 YEARS

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/11 1948 to 4/21 1953 that I last saw the
deceased alive on 4/21 1953, and that death occurred at 10⁰⁵ A. M., from the causes and on the date stated above.

23A. SIGNATURE

John H. Henschfeld M.D.

23B. ADDRESS

6919 Harford Road

23C. DATE SIGNED

4/21/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-25-53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

FUNERAL DIRECTOR

Leonard J. Ruck, 5305 Harford Road.

ADDRESS

VS 150

2908C

Dr. Hirschfeld
6919 Harford Road
6-8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 3904				5-14-53				53 3904			
BIRTH NO. 5-353				BALTIMORE CITY HEALTH DEPARTMENT				Registered No.			
1. NAME OF DECEASED (Also known as Cecelia Schneider) (Type or Print) <i>Cecelia Schneider</i>				2. DATE OF DEATH <i>APR 20 1953</i>							
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Stundick</i>				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i>							
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>				C. CITY OR TOWN, (If outside corporate limits, write RURAL and give township) <i>Baltimore 1-01</i>							
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) <i>913 S. Ellevood Ave.</i>							
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>		B. DATE OF BIRTH <i>8-21-14</i>	9. AGE (In years last birthday) <i>38</i>	If Under 1 Year Months Days		If Under 24 Hours Hours Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Waitress</i>				10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME <i>Nicholas Sawicki</i>				14. MOTHER'S MAIDEN NAME <i>Mary Anna Prochowski</i>		17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i> ADDRESS					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)				16. SOCIAL SECURITY NO.		18. <i>581.1</i> CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				DUE TO <i>Laennec's cirrhosis of liver</i>				INTERVAL BETWEEN ONSET AND DEATH <i>4 years</i>			
ANTECEDENT CAUSES				(B) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(C) DUE TO							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.											
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21F. HOW DID INJURY OCCUR?					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>									
22. I hereby certify that I attended the deceased from <i>4-18-1953</i> to <i>4-20-1953</i> that I last saw the deceased alive on <i>4-20-1953</i> , and that death occurred at <i>2:50 P. M.</i> , from the causes and on the date stated above.											
23A. SIGNATURE <i>Thomas Franklin Williams</i>				23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>4/20/53</i>					
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/22/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Sacred Heart of Mary German Hill Cemetery</i>		24D. LOCATION (City, town, or county) (State)					
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 22 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>J. Connelly</i>		ADDRESS <i>Essex Md</i>					

78464

1005

STATE OF TEXAS

1005

1005

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MD-2-10-13 Examiners
Case released to Hospital
53 3905

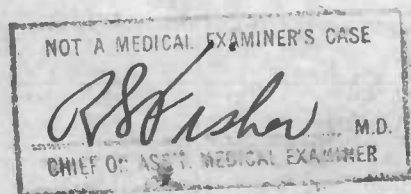
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3905
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Elizah McCarty</i>		2. DATE OF DEATH <i>April 20, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>md.</i> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 7-04</i> D. STREET ADDRESS (If rural, give location) <i>902 Schuster St. SHUTER</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		c. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	8. DATE OF BIRTH <i>3-4-1879</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Pensioner</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>74</i> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME <i>?</i>		11. BIRTHPLACE (State or foreign country) <i>Georgia</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>?</i>	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	
18. <i>334X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Cerebral arteriosclerosis</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>9.2 mo.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>3/31</i>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3/31</i> , 1953 to <i>4/19</i> , 1953, that I last saw the deceased alive on <i>4/19, 1953</i> , and that death occurred at <i>8 p.</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Thomas Franklin Williams</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>4/20/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>4-24-53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>MT. CALVARY</i>	24D. LOCATION (City, town, or county) (State) <i>A.A. County - md</i>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Joseph B. Locks</i> ADDRESS <i>1304 N. Central Ave</i>	

VS 150

Certificates to be approved by Medical Examiner



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3906

Registered No. _____

53 3906

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Webster A. Lippert</i>			2. DATE OF DEATH <i>Apr. 20, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY _____		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>1629 Kingsway Rd.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>27-07</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>1629 Kingsway Rd.</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>1/16/1897</i>		9. AGE (In years last birthday) <i>56</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Sec. & Salesman</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Wholesale Toys</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <i>John Lippert</i>			14. MOTHER'S MAIDEN NAME <i>Agnes Kellen</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>yes</i> (If yes, give war or dates of service) <i>World War No. 1</i>		16. SOCIAL SECURITY NO. _____		17. INFORMANT ADDRESS <i>Mrs. Helen Lippert - 1629 Kingsway Rd.</i>	

18. <i>15XX</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Carcinoma mesentery</i> DUE TO (B) <i>None</i> DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>June 1952</i>
	None	
	None	

19A. DATE OF OPERATION <i>June 6, 52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma mesentery</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <i>None</i>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>None</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>None</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>None</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>None</i>	

22. I hereby certify that I attended the deceased from *Jan. 1952*, to *April 20, 1953*, that I last saw the deceased alive on *April 19, 1953*, and that death occurred at *8:25 P. m.* from the causes and on the date stated above.

23A. SIGNATURE *C. Carl Meyer M.D.* 23B. ADDRESS *1401 E. Cold Spring Lane - Baltimore 12, Md.* 23C. DATE SIGNED *April 22, 1953*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>4/24/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore National Cem.</i>	24D. LOCATION (City, town, or county) - (State) <i>Baltimore, Md.</i>
--	-----------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR <i>APR 22 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Wm. J. Pickner & Sons</i>	ADDRESS <i>Baeto 17, Md.</i>
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VS 150

49068

MARGIN RESERVED FOR BINDING

PLEASE PRINT FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

100



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 3907

53 3907

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Mary C. Warner

2. DATE
OF
DEATH

4-20-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

55 years

D. STREET ADDRESS (If rural, give location)

3345 Reswick Road

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 26-1874

9. AGE (In years last birthday)

78 yrs.

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10. USUAL OCCUPATION (Give kind of work done during life, if working, give even if retired)

Textile Worker

10B. KIND OF BUSINESS OR INDUSTRY

Cotton Mills

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Alfred Connor

14. MOTHER'S MAIDEN NAME

Elizabeth Burton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

213-05-0437

17. INFORMANT ADDRESS

Mrs. B. Carlton Sater 3345 Reswick Road

18.

181X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cause of Chadder

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 9-1953 to April 20, 1953, that I last saw the deceased alive on April 20, 1953, and that death occurred at 4:05 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Huntington Williams, M.D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

4/21/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

April 22-1953

24C. NAME OF CEMETERY OR CREMATORY

St. Mary's Cemetery

24D. LOCATION (City, town or county) (State)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

APR 22 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Burgee Funeral Home 3631 Falls Road

ADDRESS

Horace F. Burgee

VS 150

MARGIN RESERVED FOR BINDING

PLEASE PRINT FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

NAME OF DECEASED

PLACE OF BIRTH

W

PLACE OF DEATH

CAUSE OF DEATH

PERMANENT RESIDENCE

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3908

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Cecelia Catherine Worsham

2. DATE
OF
DEATH

April 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1414 W. Cold Spring Lane

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1414 W. Cold Spring Lane

C. Length of stay in Baltimore

35 years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Jan. 26, 1873

9. AGE (In years

last birthday)

80

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U S A

13. FATHER'S NAME

Nicholas Peetz

14. MOTHER'S MAIDEN NAME

Kunigunde

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Robert L. Worsham

ADDRESS

Lane

1414 W. Cold Spring

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Atherosclerosis

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 19, 1953, to April 21, 1953, that I last saw the deceased alive on April 21, 1953, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

April 24, 1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 22 1953

Burgee Funeral Home

3631 Falls Road

VS 150

Horace F. Burgee

CERTIFICATE OF DEATH

1. Name of deceased: Mrs. Josephine Caroline Brown

2. Sex: Female

3. Age: 78 years

4. Date of death: Jan. 10, 1973

5. Time of death: 10:30 AM

6. Place of death: Home

7. Cause of death: Heart failure

8. Manner of death: Natural

9. Signature of physician: [Signature]

10. Signature of registrar: [Signature]

11. Date of registration: Jan. 15, 1973

12. Place of registration: [Signature]

13. Signature of registrar: [Signature]

14. Signature of physician: [Signature]

15. Signature of registrar: [Signature]

16. Signature of physician: [Signature]

17. Signature of registrar: [Signature]

18. Signature of physician: [Signature]

19. Signature of registrar: [Signature]

20. Signature of physician: [Signature]

21. Signature of registrar: [Signature]

22. Signature of physician: [Signature]

23. Signature of registrar: [Signature]

24. Signature of physician: [Signature]

25. Signature of registrar: [Signature]

26. Signature of physician: [Signature]

27. Signature of registrar: [Signature]

28. Signature of physician: [Signature]

29. Signature of registrar: [Signature]

30. Signature of physician: [Signature]

31. Signature of registrar: [Signature]

32. Signature of physician: [Signature]

33. Signature of registrar: [Signature]

34. Signature of physician: [Signature]

35. Signature of registrar: [Signature]

36. Signature of physician: [Signature]

37. Signature of registrar: [Signature]

38. Signature of physician: [Signature]

39. Signature of registrar: [Signature]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 3909**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles William Leach

2. DATE
OF
DEATH

April 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3416 Chestnut Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3416 Chestnut Avenue

c. Length of stay in Baltimore

40 years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 15, 1890

9. AGE (In years
last birthday)

63

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Truck Driver

10B. KIND OF BUSINESS OR
INDUSTRY

Transfer

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U S A

13. FATHER'S NAME

Elias Franklin Leach

14. MOTHER'S MAIDEN NAME

Linda Groves

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

1st World

16. SOCIAL
SECURITY NO.

215-10-7980

17. INFORMANT

Mrs. Temperance H. Leach

ADDRESS 3416

Chestnut Avenue

18. 260X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Leukemia

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)Ch. nephritis
Diabetes mel6 wks,
10 yrsII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at 10.35 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

April 24, 1953

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burgee Funeral Home 3631 Falls Road

VS 150

6 13 52 Horace F. Burgee

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

TO : DIRECTOR, FBI
FROM : SAC, NEW YORK
SUBJECT: [REDACTED]

RE: [REDACTED]
DATE: 10/15/53
BY: [REDACTED]

1. [REDACTED]
2. [REDACTED]
3. [REDACTED]

4. [REDACTED]
5. [REDACTED]
6. [REDACTED]

7. [REDACTED]
8. [REDACTED]
9. [REDACTED]

10. [REDACTED]
11. [REDACTED]
12. [REDACTED]

13. [REDACTED]
14. [REDACTED]
15. [REDACTED]

16. [REDACTED]
17. [REDACTED]
18. [REDACTED]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3910
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FREDERICK

E.

LORENZ

2. DATE
OF DEATH April 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Baltimore City Morgue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Pratt & Eutaw Streets

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Nov 27-1888

9. AGE (In years
last birthday)

64

If Under 1 Year Months Days
If Under 24 Hours Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

SALESMAN

10B. KIND OF BUSINESS OR
INDUSTRY

SELF

13. FATHER'S NAME

101

11. BIRTHPLACE (State or foreign country)

TREUBERG GERMANY

12. CITIZEN OF
WHAT COUNTRY?

GERMANY

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

UNKNOWN

16. SOCIAL
SECURITY NO.

INFORMANT

Caroon Brown

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

XXXXX

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Lobar Pneumonia

XXXXX

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
4-20-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

4-24-53

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven

24D. LOCATION (City, town, or county)

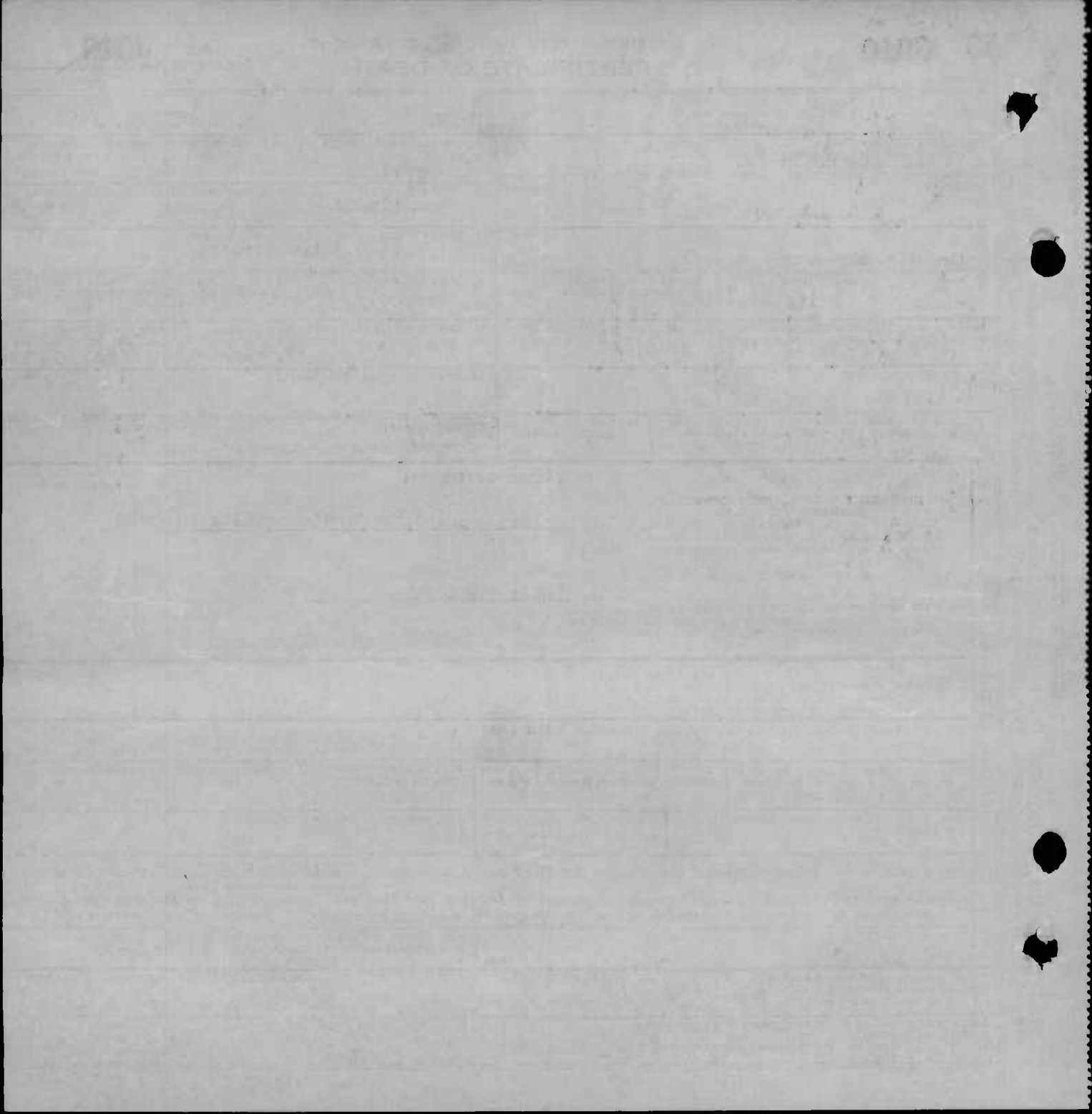
A. A. Co Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 3911

BIRTH NO. 53 3911

1. NAME OF DECEASED
(Type or Print)

Harvey L. Hancock

2. DATE
OF
DEATH

April 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Anderson Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

5300

D. STREET ADDRESS (If rural, give location)

North Bend Rd. & Frederick Ave.

c. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 5, 1864

9. AGE (in years last birthday)

88

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR INDUSTRY

Farm

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Lemuel Hancock

14. MOTHER'S MAIDEN NAME

Louise M. Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs. Ruth M. Hancock 3001 Harlem Ave.

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Anteriorlytic cardiovascular disease

DUE TO

5 yrs +

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Aug 14, 1951

19B. MAJOR FINDINGS OF OPERATION

mid-thigh amputation - Rt. leg. - arteriosclerotic gangrene

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1948, to April 20, 1953, that I last saw the deceased alive on April 18, 1953, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John A. Harbo J.

23B. ADDRESS

1118 St Paul St - Balt 12, Md

23C. DATE SIGNED

4-22-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/23/53

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county) (State)

Anne Arundel Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John F. Denny, Inc. 715 Light St.

Dr. Nesbit
1118 St. Paul St.

1962

1962

RECEIVED FROM DEPARTMENT

OFFICE OF DEATH

1962



MARGIN RESERVED FOR BINDING

5-416
53 3913

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3913

BIRTH NO. Schlaffer

1. NAME OF DECEASED (Type or Print) Schlaffer John G

2. DATE OF DEATH 4/21/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital

5. USUAL RESIDENCE (Where deceased lived If institution: residence before admission)
A. STATE Md B. COUNTY

6. CITY OR TOWN Baltimore

7. STREET ADDRESS (If rural, give location) 414 S. Clinton Street

8. Length of stay in Baltimore Life

9. SEX M. 10. COLOR OR RACE W. 11. SINGLE, MARRIED, WIDOWED, DIVORCED Married

12. DATE OF BIRTH 11-4-87 13. AGE (In years last birthday) 65 14. Under 1 Year Months: Days 15. Under 24 Hours Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Banker 17. KIND OF BUSINESS OR INDUSTRY Balto. Nat. Bank

18. BIRTHPLACE (State or foreign country) Baltimore 19. CITIZEN OF WHAT COUNTRY? U.S.A.

20. FATHER'S NAME Charles Schlaffer 21. MOTHER'S MAIDEN NAME Madeline Holtzinger

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) 23. SOCIAL SECURITY NO. 24. INFORMANT Eddie Schlaffer 25. ADDRESS same

18. 603X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

20. ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

22. CAUSE OF DEATH Uremia

23. RENEAL INSUFFICIENCY

24. INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES X NO

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/14/53, 1953, to April 21, 1953, that I last saw the deceased alive on April 21, 1953 and that death occurred at 8:25 P.M., from the causes and on the date stated above.

23A. SIGNATURE J. Panfiliopoulos M. D. 23B. ADDRESS Sinai Hospital 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE 4-24-53 24C. NAME OF CEMETERY OR CREMATORY Oak Lawn 24D. LOCATION (City, town, or county) Baltimore Md

25. DATE RECEIVED BY LOCAL REGISTRAR 26. REGISTRAR'S SIGNATURE Huntington Williams, M.D. 27. FUNERAL DIRECTOR 28. ADDRESS

29071

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Thomas
Kearney

X

1/17/28
Kearney

Grand as
Kearney

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-36 Med Exam Case

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3914

1. NAME OF DECEASED (Type or Print) Viola Peterkin		2. DATE OF DEATH April 21, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland Acc Room		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-02	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1322 Etting St.	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4/29/1910
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 42
11. BIRTHPLACE (State or foreign country) N.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME JOHN GREEN		14. MOTHER'S MAIDEN NAME CORNELIA McFADDEN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NO	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	
18. 570.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Intestinal obstruction DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 72 hr.
19A. DATE OF OPERATION 4-21-53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 4-21-53 , to 4-21-53 , that I last saw the deceased alive on 4-21-53 , and that death occurred at 4:40 A.M. , from the causes and on the date stated above.	
23A. SIGNATURE Thomas Franklin Williams, M.D.		23B. ADDRESS JOHNS HOPKINS HOSPITAL	
23C. DATE SIGNED 4/21/53		24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24B. DATE 4/25/53		24C. NAME OF CEMETERY OR CREMATORY SILVER GROVE CEMETERY RAYFORD, N.C.	
24D. LOCATION (City, town, or county) (State) CHARLES G. COOPER-512 CARROLLT		25. FUNERAL DIRECTOR ADDRESS	

VS 150

Released to hospital Charles G. Cooper

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 3915	
1. NAME OF DECEASED (Type or Print) Mr. Albert Tracey Bough, Edward R. Martin			2. DATE OF DEATH April 21, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY 12-05		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 227 E. North Avenue			E. LENGTH OF STAY IN BALTIMORE 44 Yrs. Mos. Days		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 4, 1894	9. AGE (In years last birthday) 58	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender			10B. KIND OF BUSINESS OR INDUSTRY Md. Restaurant		
11. BIRTHPLACE (State or foreign country) New York, Syracuse			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME Charles Bough			14. MOTHER'S MAIDEN NAME Mary Tracey		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes W. W. I			16. SOCIAL SECURITY NO. 217-03-0852		
17. INFORMANT Mrs. Mary Catherine Bough, Same			ADDRESS		
18. 331X and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral vascular hemorrhage (A) DUE TO Generalized arteriosclerosis (B) DUE TO Hypertension (C) DUE TO					INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes mellitus					
19A. DATE OF OPERATION 2		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		20B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21A. TIME (Month) (Day) (Year) (Hour) OF INJURY		21B. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21C. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 14, 1953 to April 21, 1953 , that I last saw the deceased alive on April 21, 1953 , and that death occurred at 3:00 a.m. from the causes and on the date stated above.					
23A. SIGNATURE J. D. Hubbard		23B. ADDRESS Union Memorial Hospital		23C. DATE SIGNED April 21, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 4/24/53		24C. NAME OF CEMETERY OR CREMATORY U. S. National Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. DATE RECEIVED BY LOCAL REGISTRAR APR 22 1953			
24F. REGISTRAR'S SIGNATURE W. J. Williams, M.D.		24G. FUNERAL DIRECTOR Wm. Cook, Inc.			
24H. ADDRESS 1217 St. Paul Street		24I. ADDRESS			

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APRIL 23, 1933

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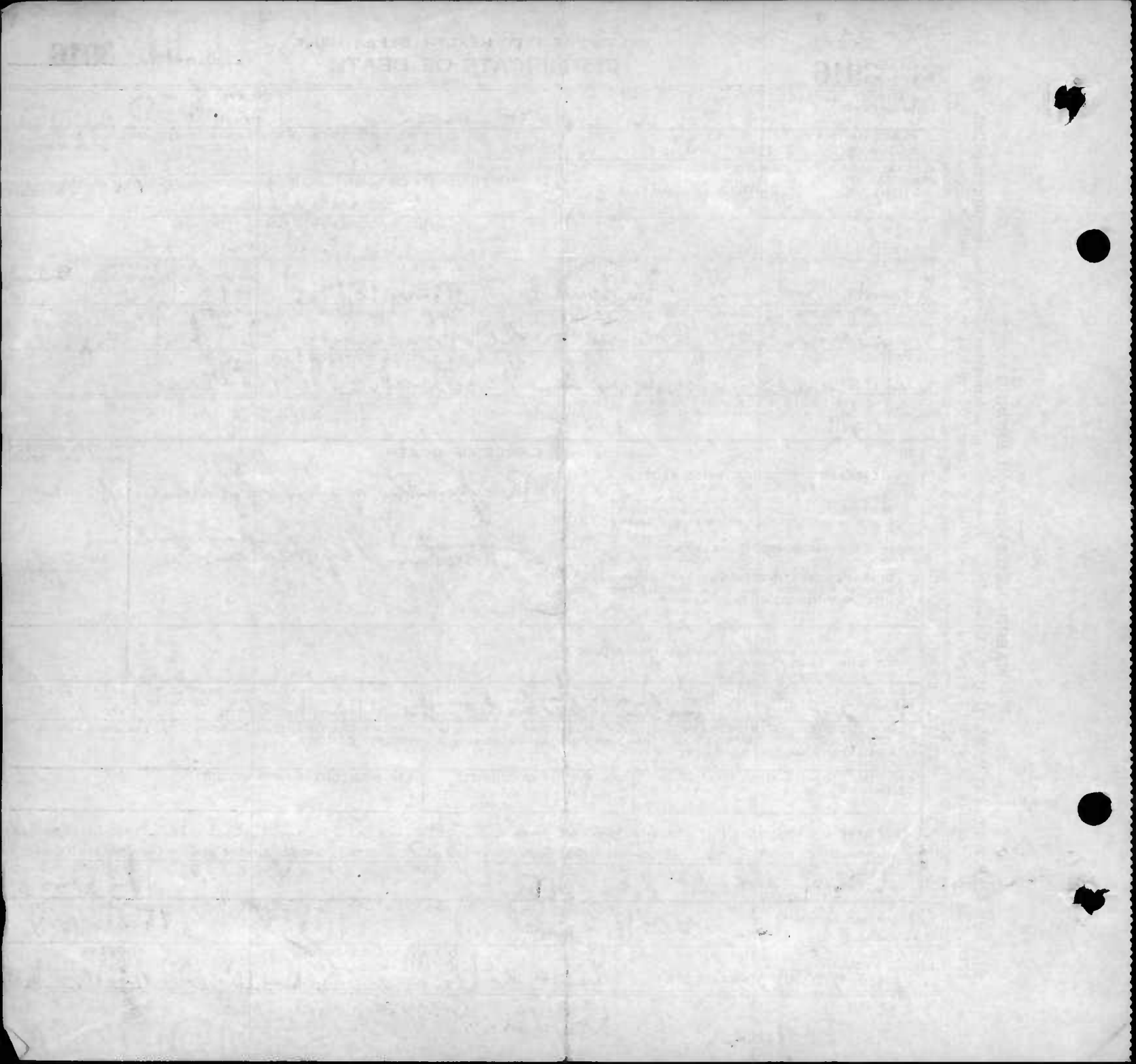
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Baltimore City Health Department				Registered No. 53 3916	
CERTIFICATE OF DEATH					
1. NAME OF DECEASED (Type or Print) <i>Florence Johnson</i>			2. DATE OF DEATH <i>April 21, 1953</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>MD 21</i>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE <i>md.</i> b. COUNTY <i>Anne Arundel</i>		
b. FULL NAME OF (If not in hospital or institution, give street address or location) <i>JOHNS HOPKINS HOSPITAL</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Annapolis 5200</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) <i>116 Eastern Ave</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWER, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>May 18, 1913</i>	9. AGE (In years last birthday) <i>40</i>	10. Under 1 Year Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, also if retired) <i>Domestic</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>		
11. BIRTH PLACE (State or foreign country) <i>Flushing, N.Y.</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Isaac Snowden</i>			14. MOTHER'S MAIDEN NAME <i>Louise Betters</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO. <i>—</i>		
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Respiratory Insufficiency</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Years</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Intestinal Obstruction</i>			<i>Days</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION <i>4-20-53</i>		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>Intestinal Obstruction</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4-20</i> , 19 <i>53</i> , to <i>4-21</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>4-21</i> , 19 <i>53</i> , and that death occurred at <i>2:30</i> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Gerome Harold Kay, M.D.</i>		23b. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23c. DATE SIGNED <i>4-21-53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>4-25-53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Fowlers</i>	
24d. LOCATION (City, town, or county) (State) <i>Best Gate Md.</i>		25. FUNERAL DIRECTOR <i>William Reese, 10851, N. Hwy. 10851, Annapolis, Md.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 22 1953</i>		REGISTRAR'S SIGNATURE <i>William Reese</i>		ADDRESS <i>10851, N. Hwy. 10851, Annapolis, Md.</i>	
VS 150 <i>Released to hospital 720 FA</i>					



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3917**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARTHA

WARNICK

2. DATE
OF
DEATH **April 19, 1953**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**
B. COUNTY **Anne Arundel**

B. FULL NAME OF HOSPITAL OR INSTITUTION **University Hospital**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Crownsville

D. STREET ADDRESS (If rural, give location)
5210

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

4-10-1901

9. AGE (In years last birthday)

52

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Annapolis, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charlie Brown

14. MOTHER'S MARRIAGE NAME

Mollie Chase

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Martha Warnick - Annapolis, Md.

ADDRESS

18.

E 979 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Second and Third Degree Burns of 40% of the body**

ANTECEDENT CAUSES

(B) **Emaciation**
(C) **Fibrinopurulent Pleuritis**
(D) **Pericarditis**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Crownsville State Hospital

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Crownsville, Maryland

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

2-15-53

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

set fire to clothing

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

William [Signature]

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

4/20/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4-23-53

24C. NAME OF CEMETERY OR CREMATORY

Annapolis Natl. Cemetery

24D. LOCATION (City, town, or county) (State)

Annapolis Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

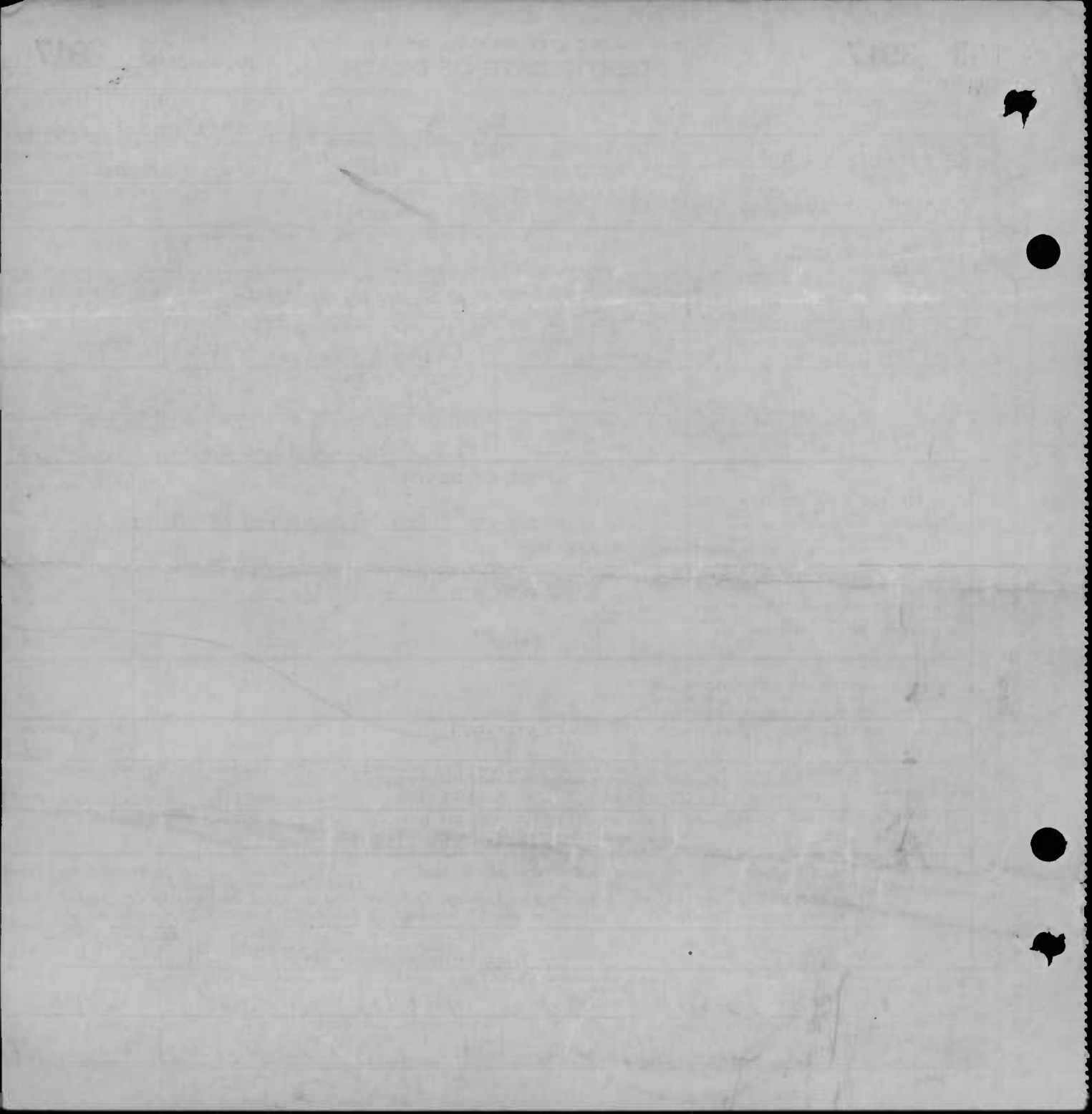
William [Signature]

ADDRESS

108 N. Washington St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

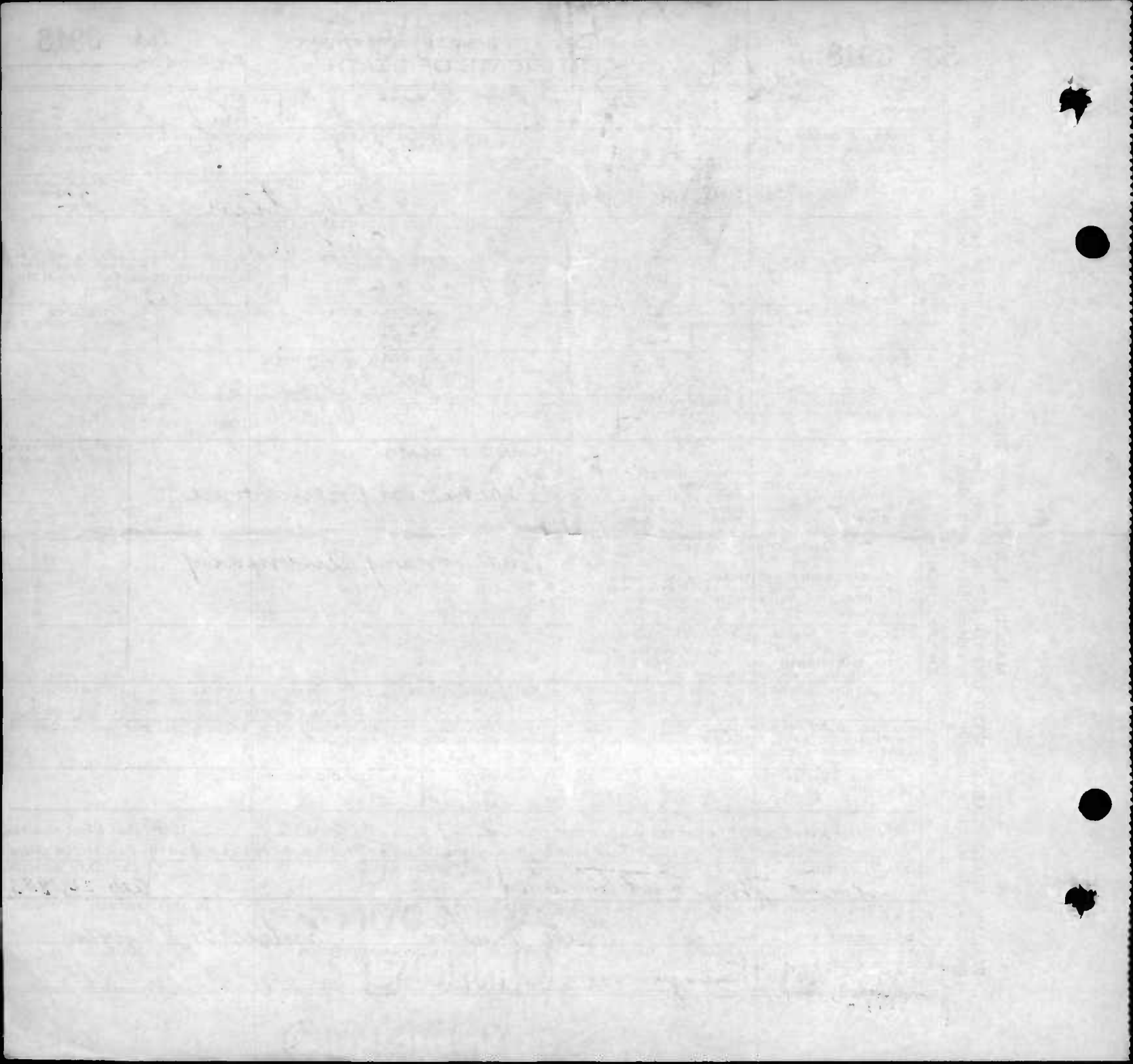


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT				53 3918		53 3918	
CERTIFICATE OF DEATH				Registered No.			
BIRTH NO. <i>Don Res.</i>							
1. NAME OF DECEASED (Type or Print) <i>Leopold E. Shifflett</i>				2. DATE OF DEATH <i>April 22, 1953</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>HLH 4 E.</i>				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 22</i>			
C. Length of stay in Baltimore <i>53</i> Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) <i>260 Riverview Ave</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Infant</i>		8. DATE OF BIRTH <i>2-24-53</i>	
9. AGE (In years last birthday) <i>3</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>W. C. Shifflett</i>				14. MOTHER'S MAIDEN NAME <i>Marie</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>759.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Aspiration pneumonia</i> DUE TO <i>Pulmonary anomaly</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Pulmonary anomaly</i> DUE TO <i>Pulmonary anomaly</i> DUE TO <i>Pulmonary anomaly</i>				INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>4-7-</i> , 19 <i>53</i> , to <i>4-22</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>4-22-</i> , 19 <i>53</i> , and that death occurred at <i>8:55</i> m., from the causes and on the date stated above.							
23A. SIGNATURE <i>James M. Sutherland</i>				23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>Apr 22, 1953</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>4-22-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Bucks Mountain</i>		24D. LOCATION (City, town, or county) (State) <i>Charlottesville, Virginia</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 22 1953</i>		REGISTRAR'S SIGNATURE <i>Thurston</i>		25. FUNERAL DIRECTOR <i>Wm. Cook Inc.</i>		ADDRESS <i>1217 St. Paul St.</i>	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied, correct as far as is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

53 3919

BIRTH NO.

53 3919

53-08732

1. NAME OF DECEASED
(Type or Print)

Infant of Loretta Hancock

(366481)

2. DATE
OF
DEATH

January 3, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE The Johns Hopkins Hospital4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY BaltimoreC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

406 Flicker Court - 22

c. Length of stay in Baltimore

Infant

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

January 2, 1953

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days

1

11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Kermit Hancock

14. MOTHER'S MAIDEN NAME

Loretta Wood

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Hospital Records

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 2, 1953, to January 3, 1953 that I last saw the deceased alive on January 3, 1953, and that death occurred at 8.00 Pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

4/10/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

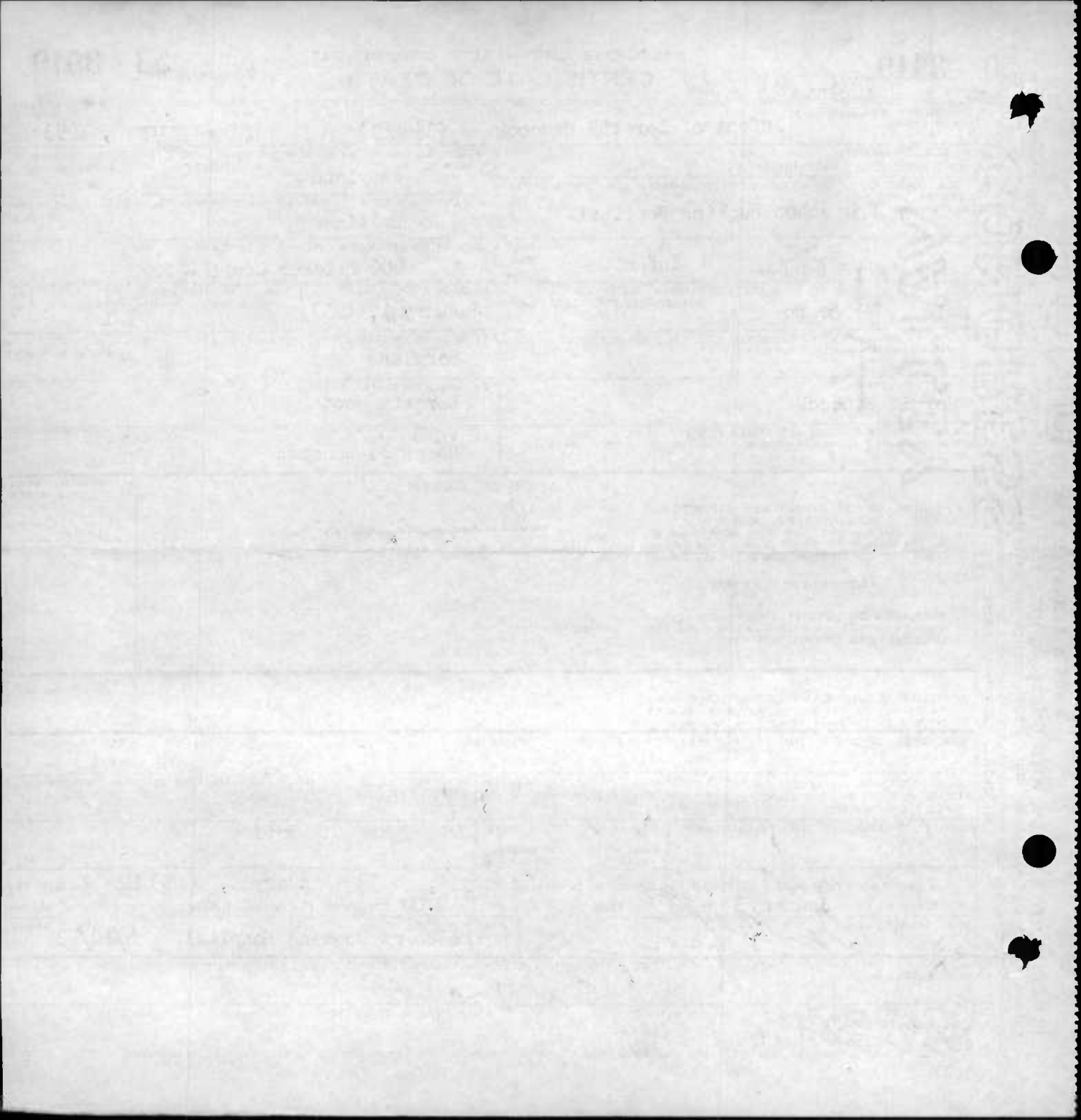
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Hospital Disposal		BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 53 3920	
BIRTH NO. 56053 3920		CERTIFICATE OF DEATH			
1. NAME OF DECEASED (Type or Print) <i>Nola Jean Conroy</i>			2. DATE OF DEATH <i>April 12, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, in institution: residence before admission) A. STATE <i>Ind.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write it U.S. L. and give township) <i>Baltimore 8-03</i>		
D. STREET ADDRESS (If rural, give location) <i>1330 N. Kenhill Ave</i>					
c. Length of stay in Baltimore Yrs. Mos. Days			8. DATE OF BIRTH <i>4-5-1953</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	9. AGE (in years last birthday)	If Under 1 Year Months: Days	If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>Thomas Conroy</i>			14. MOTHER'S MAIDEN NAME <i>Patricia Kirby</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS		
18. <i>762.5</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Atelectasis, bronch. ht disease</i> DUE TO ANTECEDENT CAUSES <i>prematurity</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Congenital ht disease</i>			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>4-7</i> , 19 <i>53</i> to <i>4-12</i> , 19 <i>53</i> that I last saw the deceased alive on <i>4-12</i> , 19 <i>53</i> and that death occurred at <i>6:45 P.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>James M. Sutcliffe</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY <i>Forest Burial</i>	
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 23 1953</i>					

0950

23

CERTIFICATE OF DEATH

0950

23

Name of Deceased		Date of Birth	
Sex		Race	
Marital Status		Place of Birth	
Usual Residence		Date of Death	
Cause of Death		Place of Death	
Physician's Signature		Physician's Name	
Signature of Informant		Signature of Registrar	
Date of Entry		Time of Entry	
Signature of Medical Officer		Signature of Health Officer	
Signature of Coroner		Signature of Jury	
Signature of Burial Officer		Signature of Cemetery	
Signature of Undertaker		Signature of Funeral Home	
Signature of Minister		Signature of Church	
Signature of Family		Signature of Friends	
Signature of Neighbors		Signature of Community	
Signature of State		Signature of Nation	
Signature of World		Signature of Universe	
Signature of God		Signature of Heaven	
Signature of Hell		Signature of Earth	
Signature of Air		Signature of Water	
Signature of Fire		Signature of Earth	
Signature of Wind		Signature of Sun	
Signature of Moon		Signature of Stars	
Signature of Planets		Signature of Galaxies	
Signature of Universe		Signature of God	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

53 3921 B-620		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 3921 Registered No.	
BIRTH NO. 93-08724		1. NAME OF DECEASED (Type or Print) <i>Baby Bay Burke</i>		2. DATE OF DEATH <i>April 14, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i>		B. COUNTY <i>10-01</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write R.R. and give township) <i>Baltimore</i>		D. STREET ADDRESS (If rural, give location) <i>1214 E. Biddle St.</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		5. SEX <i>Male</i>		6. COLOR OR RACE <i>Colored</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>		8. DATE OF BIRTH <i>4-10-53</i>		9. AGE (In years last birthday) <i>11</i> Months: <i>30</i> Days: <i>11</i> Hours: <i>30</i> Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>md.</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>P</i>		14. MOTHER'S MAIDEN NAME <i>Eva Burke</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. 762.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <i>atelectasis</i> <i>prematurity</i>		INTERVAL BETWEEN ONSET AND DEATH <i>life</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO		(B) DUE TO	
(C) DUE TO		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>✓</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>4-10</i> , 19 <i>53</i> , to <i>4-10</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>4-10</i> , 19 <i>53</i> and that death occurred at <i>8 P. m.</i> , from the causes and on the date stated above.		23A. SIGNATURE <i>Neil H. Lewis</i> M. D.	
23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>4-15-53</i>		24A. BURIAL, CREMATION, REMOVAL (Specify)	
24B. DATE		24C. NAME OF CEMETERY OR CREMATORY <i>Hope Baptist</i>		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS	
APR 23 1953		VS 150			

CERTIFICATE OF DEATH

Name of Deceased		Date of Birth		Sex		Race		Marital Status		Occupation		Cause of Death		Place of Death		Time of Death		Signature of Physician		Signature of Registrar	
John Doe		1900-01-01		Male		White		Married		Farmer		Heart Disease		Home		1936-05-15		J. Smith		A. Jones	
Place of Birth		Date of Death		Age at Death		Duration of Illness		Previous Illnesses		Manner of Death		Medical History		Postmortem Exam		Burial Place		Burial Date		Burial Time	
New York		1936-05-15		35		2 weeks		Hypertension		Natural		None		No		Cemetery		1936-05-16		10:00 AM	
Signature of Deceased		Signature of Next of Kin		Signature of Witness		Signature of Minister		Signature of Undertaker		Signature of Coroner		Signature of Jury		Signature of Judge		Signature of Clerk		Signature of Registrar		Signature of Health Officer	

DEPARTMENT OF HEALTH, NEW YORK

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3922
Registered No.

BIRTH NO. 3922

1. NAME OF DECEASED
(Type or Print)

Infant of Katherine De Witt (531693)

2. DATE OF DEATH
March 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
3401 Walbrook Avenue - 16

E. Length of stay in Baltimore

Infant

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

March 11, 1953

9. AGE (in years last birthday)

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles Picard De Witt, III

14. MOTHER'S MAIDEN NAME

Katherine Chester

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Hospital Records

ADDRESS

18. 759.3

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Multiple congenital abnormalities

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from March 11, 1953, to March 12, 1953, that I last saw the deceased alive on March 12, 1953, and that death occurred at 6.25 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Dr. B. L. L.

M. D.

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

3/18/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

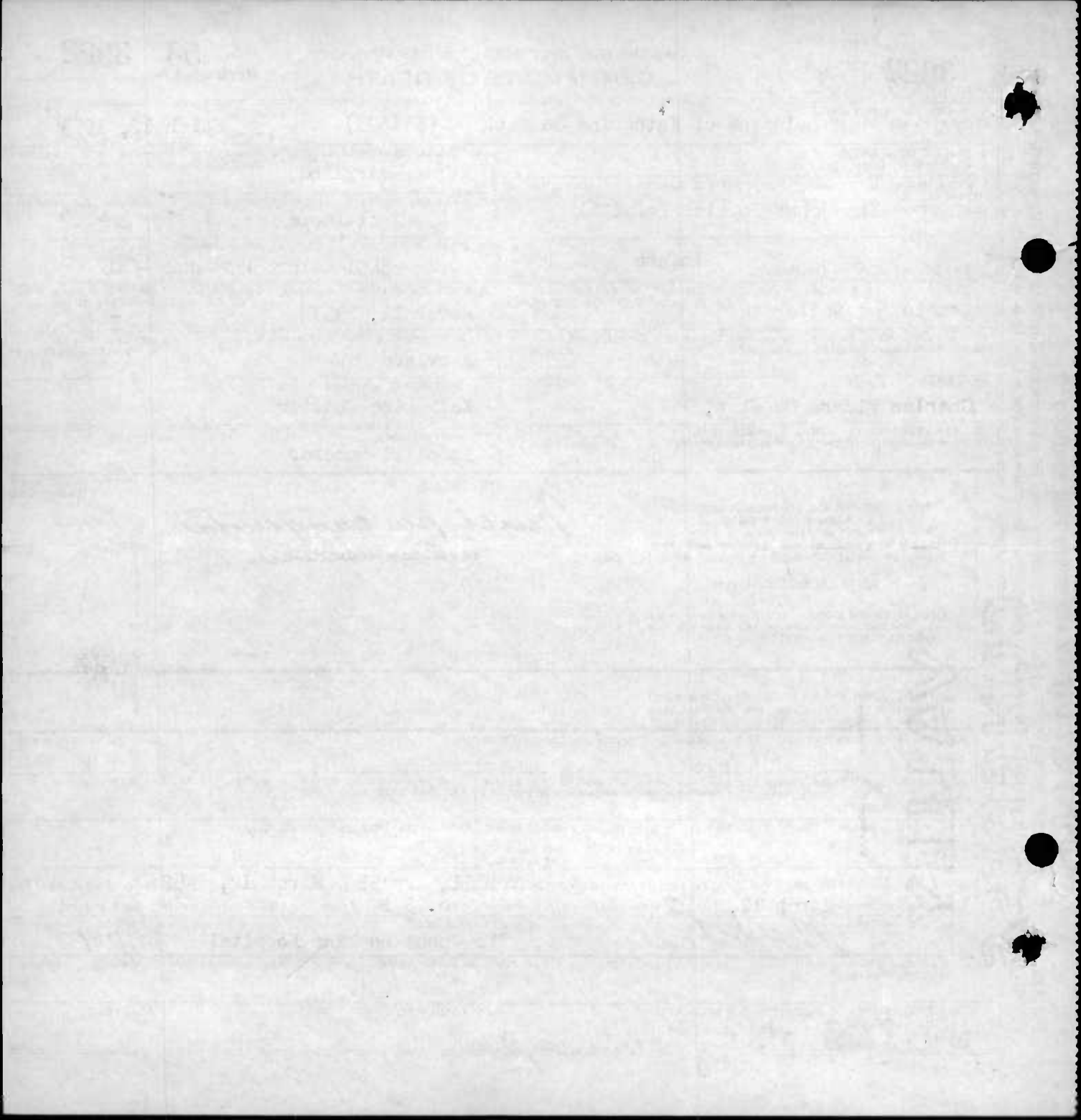
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 23 1953

Huntington Williams, M.D.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3923

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John McLendon

2. DATE
OF
DEATH

April 22/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1002 N. Central Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

10-01

c. Length of stay in Baltimore

Yrs
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1002 N. Central Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

Retired Labourer

Married

Feb 14/1880

73

N. C.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Amos McLendon

Annie?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Clayton McLendon

18.

592X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

4 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Myocarditis

(C)

Hypertension

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Chronic Glomerulonephritis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 4/13, 1953, to 4/22, 1953 that I last saw the deceased alive on 4/22, 1953, and that death occurred at 1:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

S. A. R. R. R.

M. D.

822 N. B. M. W.

4/23/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 23 1953

Huntington Williams, M.D.

Miss Robert A. Elliott & Daughters

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3924**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) **Clarence Henry Tingle**

2. DATE OF DEATH
April 21, 1953

3. PLACE OF DEATH:
A. **Baltimore City, Maryland**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Penna.** B. COUNTY **V-35**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
**U.S.P.H.S. Hospital
Wyman Park Dr. & 31st. St., Balto., Md.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Upper Darby

c. Length of stay in Baltimore **11 days**
Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
922 Maple Terrace

5. SEX
male

6. COLOR OR RACE
Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH
8/23/99

9. AGE (In years last birthday)
53

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Seaman

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Penna.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

~~Mary Tingle~~ **John Tingle**

14. MOTHER'S MAIDEN NAME
Mary Freeny

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
Yes

16. SOCIAL SECURITY NO.
Army 1918-18 161 14 6308

17. INFORMANT ADDRESS
Records U.S.P.H.S. Hospital, Balto, Md.

18. **410X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Mitral Stenosis with Congestive Failure** Undeter.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Rheumatic Heart Disease** Undeter.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4/10**, 1953, to **4/21**, 1953, that I last saw the deceased alive on **4/21**, 1953, and that death occurred at **5:05 P.** m., from the causes and on the date stated above.

23A. SIGNATURE

Harry F Brumbach Jr. M. D.

23B. ADDRESS

U.S.P.H.S. Hospital, Balto., Md.

23C. DATE SIGNED

4/21/53

24A. BURIAL, CREMATION, OR REMOVAL (Specify)

24B. DATE

4/24/1953

24C. NAME OF CEMETERY OR CREMATORY

W.T. Lauer Cema

24D. LOCATION (City, town, or county)

Sharn Hill Pa.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, Md.

25. FUNERAL DIRECTOR

Wilmington Williams, Md.

ADDRESS

3929

MARGIN CERTIFICATION FOR BINDING

PLEASE PRINT FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
CERTIFICATE OF DEATH

IN SENATE, JANUARY 1, 1901.

REPORT OF THE COMMISSIONER OF HEALTH.

DEATH OF

JOHN J. HENRY

AGE 45

SEX MALE

RACE WHITE

DATE OF DEATH

DEATH OF

JOHN J. HENRY

AGE 45

SEX MALE

RACE WHITE

DATE OF DEATH

DEATH OF

JOHN J. HENRY

AGE 45

SEX MALE

RACE WHITE

DATE OF DEATH

DEATH OF

JOHN J. HENRY

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3925

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alice Parker

2. DATE
OF
DEATH

April 29 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

615 Norris St.

4. USUAL RESIDENCE (Where deceased lived. If institution, residence

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write FULL and give township)

D. STREET ADDRESS (If rural, give location)

515 Norris St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 8, 1909

9. AGE (In years

last birthday)

43

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Charleston S.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Isaac Kahand

14. MOTHER'S MAIDEN NAME

Mary Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, name and dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mack Brown 616 W. Lanvale St.

18.

002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

Pulmonary Tuberculosis 10 months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 16, 1952, to April 29, 1953, that I last saw the
deceased alive on April 29, 1953, and that death occurred at 11 p. m., from the causes and on the date stated above.

23A. SIGNATURE

W. H. Watts

23B. ADDRESS

515 L. Greenleaf St.

23C. DATE SIGNED

4/22/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

4/23/1953

24C. NAME OF CEMETERY OR CREMATORY

Artulus Memorial

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Kate B. Williams

ADDRESS

322 M

VS 150

72084

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 3926**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**ROBERT EDWARD HARTLOVE**2. DATE
OF
DEATH**April 22, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **1166 Nanticoke St**

4. USUAL RESIDENCE (Where deceased lived) If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

LifeYrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1166 Nanticoke St

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Married**

8. DATE OF BIRTH

Feb 4, 18799. AGE (In years
last birthday)**74**If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Laborer**10B. KIND OF BUSINESS OR
INDUSTRY**Orion Gas Range**

11. BIRTHPLACE (State or foreign country)

Baltimore Md12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Hartlove

14. MOTHER'S MAIDEN NAME

Rose Mix15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**no****no**16. SOCIAL
SECURITY NO.**212-20-5369**

17. INFORMANT

ADDRESS

Matilda P. Hartlove 1166 Nanticoke St18. **422.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Arteriosclerosis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH**2 years**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Generalized Arteriosclerosis

DUE TO

(C)

Cardiac Disease**5 years**II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 10**, 19**53**, to **April 22**, 19**53**, that I last saw the
deceased alive on **April 21**, 19**53**, and that death occurred at **12:15 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE

Will Belmont

M. D.

23B. ADDRESS

7201 Arundel Rd

23C. DATE SIGNED

4/23/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial Apr 25-1953 Loudon Park**Baltimore Md**

VS 150

9703D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3538

17

1944

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

1-2-4

WASHINGTON, D. C.

January 2, 1944

Dear Sir:

I have your letter of January 1, 1944.

I am sorry that I cannot give you a more definite answer.

I am sure that you will understand my position.

I am sure that you will understand my position.

I am sure that you will understand my position.

I am sure that you will understand my position.

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I am sure that you will understand my position.

I am sure that you will understand my position.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 3927BIRTH NO. 53 39271. NAME OF DECEASED
(Type or Print) Baby boy King2. DATE
OF
DEATH 4/4/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE MD B. COUNTY before admissionB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)Franklin Square HospitalC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)BALTIMOREc. Length of stay in Baltimore —Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4506 Weitzel Ave.

5. SEX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)S

8. DATE OF BIRTH

4/3/53

9. AGE (In years last birthday)

If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.
1010A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, MD12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Raymond King

14. MOTHER'S MAIDEN NAME

Myrtle McGlothen15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 776x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) 4 months fetus
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) —
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C) —19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/3/53 to 4/4, 1953, that I last saw the
deceased alive on 4/4/53, and that death occurred at 12:10 PM, from the causes and on the date stated above.

23A. SIGNATURE

Jabson Espinoza

M. D.

23B. ADDRESS

Franklin Square Hospital

23C. DATE SIGNED

4/4/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Wallau, M.D.

25. FUNERAL DIRECTOR

ADDRESS

G-1-6370

4506 Meitzel Ave.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3928
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

FRANK A. FERRELL

2. DATE
OF
DEATH

APR 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTO-CITY

4. USUAL RESIDENCE (Where deceased lived. If institution, give residence before admission)

A. STATE MARYLAND

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 26-36

C. Length of stay in Baltimore

21 YRS

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MARCH 23, 1904

9. AGE (In years last birthday)

47

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE PAINTER

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

DURHAM, North Carolina

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

WILLIAM FERRELL

14. MOTHER'S MAIDEN NAME

BERDIE GRIFFETH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

188-19-1910

17. INFORMANT

ELNORA FERRELL 133 TOWNENT WAY

ADDRESS

18. 151X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CARCINOMA OF THE STOMACH

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

6 YRS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1950

19B. MAJOR FINDINGS OF OPERATION

ILEOSTOMY - METASTASES

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 21, 1953, to April 21, 1953, that I last saw the deceased alive on April 21, 1953, and that death occurred at 11 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Stephen C. Mackovich

M.D.

23B. ADDRESS

6714 Holohrd Ave

23C. DATE SIGNED

4/22/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

APRIL 23, 1953

24C. NAME OF CEMETERY OR CREMATORY

MOUNT CARMEL

24D. LOCATION (City, town, or county)

ODONNELL ST.

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

WENDELL DIPPEL 312 S. Highland Ave

ADDRESS

APR 23 1953

TO THE DIRECTOR OF THE BUREAU OF THE ARMY OF THE UNITED STATES OF AMERICA

FROM THE DIRECTOR OF THE BUREAU OF THE ARMY OF THE UNITED STATES OF AMERICA

SUBJECT: [Illegible]

DATE: [Illegible]

REFERENCE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

53 P-412
3929

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3929
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Verma Phillips</i>		2. DATE OF DEATH <i>April 22, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>16-06</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2651 Rayner Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
c. Length of stay in Baltimore Yrs. <i>2651 Rayner Ave.</i> Mos. <i>2651 Rayner Ave.</i> Days		D. STREET ADDRESS (If rural, give location) <i>2651 Rayner Ave.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>May 26, 1918</i>	9. AGE (in years last birthday) <i>35</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>N. Carolina</i>	
13. FATHER'S NAME <i>Wiley Holliday</i>		14. MOTHER'S MAIDEN NAME <i>Neader Williams</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Simon Brown</i>	
				ADDRESS <i>2651 Rayner Ave.</i>	

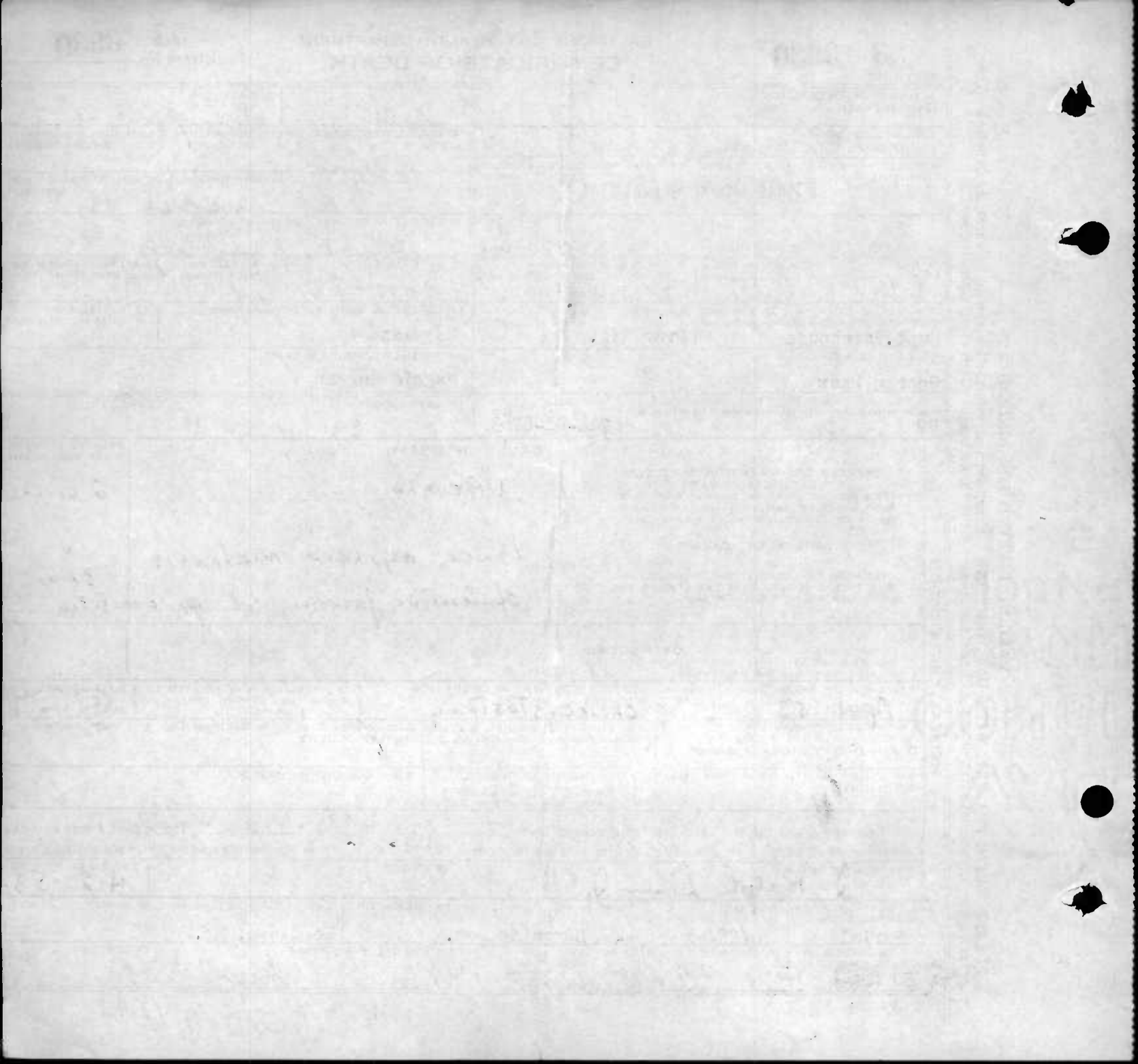
18. <i>491X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Broncho pneumonia</i>		CAUSE OF DEATH <i>Broncho pneumonia</i>	INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>April 20, 1953</i> to <i>April 22, 1953</i> that I last saw the deceased alive on <i>4/20, 1953</i> , and that death occurred at <i>5 A. M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>E. Walter Sherrington</i>		23B. ADDRESS <i>2301 Harlem Ave</i>		23C. DATE SIGNED <i>4/22/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Cem.</i>	
				24D. LOCATION (City, town, or county) (State) <i>A. G. County Md.</i>	
DATE RECEIVED BY LOCAL REGISTRY <i>APR 23 1953</i>		REGISTRAR'S SIGNATURE <i>Thurston Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Mr. Herbert G. Ellis & Daughter</i>	
				ADDRESS <i>1297 N. Caroline St.</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-600 53 3930		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 3930 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>6 Clement Baer</i>		2. DATE OF DEATH <i>April 22, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Room 3</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>15-09</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 16</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		D. STREET ADDRESS (If rural, give location) <i>3821 Clifton Ave</i>		E. Yrs. Mos. Days	
c. Length of stay in Baltimore		5. SEX <i>Male</i> 6. COLOR OR RACE <i>White</i> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>9-11-88</i> 9. AGE (In years last birthday) <i>64</i> 10 Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Supt. Warehouse</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Drug Mfg.</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
13. FATHER'S NAME <i>George Baer</i>		14. MOTHER'S MAIDEN NAME <i>Maggie Herman</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>214-01-8763</i>		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>586x</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <i>UREmia</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i>	
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Lower nephron nephrosis</i> DUE TO		<i>"</i>	
		(C) <i>obstructive jaundice and pancreatitis</i>		<i>2 mo.</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>April '53</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>cholecystostomy</i>		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>4-17-</i> 19 <i>53</i> to <i>4-22-</i> 19 <i>53</i> , that I last saw the deceased alive on <i>4-22-</i> 19 <i>53</i> , and that death occurred at <i>8:50 a.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>J. Ralph Dunn Jr.</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>4-22-53</i>	
24A. BURIAL CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/25/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Woodlawn, Md.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>APR 23 1953</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, MD</i>	
24G. FUNERAL DIRECTOR'S SIGNATURE <i>Wm. J. Pickens & Sons</i>		24H. ADDRESS <i>Beth 17, Md.</i>		24I. VS 150	
2904P					



H-620
53 3931BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3931

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN BROOKS HORSEY

2. DATE
OF
DEATH

4-22-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD.

BALTO.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

MD. GEN. HOSP.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTO.

5300

c. Length of stay in Baltimore

42

Yrs.

Mos.

Days

D. STREET ADDRESS (If rural, give location)

227 ROGERS FORGE RD.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

5-9-10

9. AGE (In years
last birthday)

42

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

INSURANCE SALESMAN

10B. KIND OF BUSINESS OR
INDUSTRY

INSURANCE

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

RICHARD Mc SHERRY HORSEY

14. MOTHER'S MAIDEN NAME

MARY HEAVER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

YES

#2 -

16. SOCIAL
SECURITY NO.

216-32-7346

17. INFORMANT

VIRGINIA HORSEY

ADDRESS

SAME

18. 433.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

CORONARY EMBOLISM

INTERVAL BETWEEN
ONSET AND DEATH

4 HOURS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

ARTERIAL EMBOLUS, LEFT ILIAC

P HOURS

(C) DUE TO

AURICULAR FIBRILLATION

2 YEARS

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

4-22-53

19B. MAJOR FINDINGS OF OPERATION

PARASACRAL BLOCK

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-22, 1953, to 4-22, 1953, that I last saw the
deceased alive on 4-22, 1953, and that death occurred at 9 P m., from the causes and on the date stated above.

23A. SIGNATURE

S. Duckworth

23B. ADDRESS

Md. Gen. Hosp.

23C. DATE SIGNED

4-22-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

4-25-53

24C. NAME OF CEMETERY OR CREMATORY

Grinch Ridge

24D. LOCATION (City, town, or county)

Pikesville 8. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD.

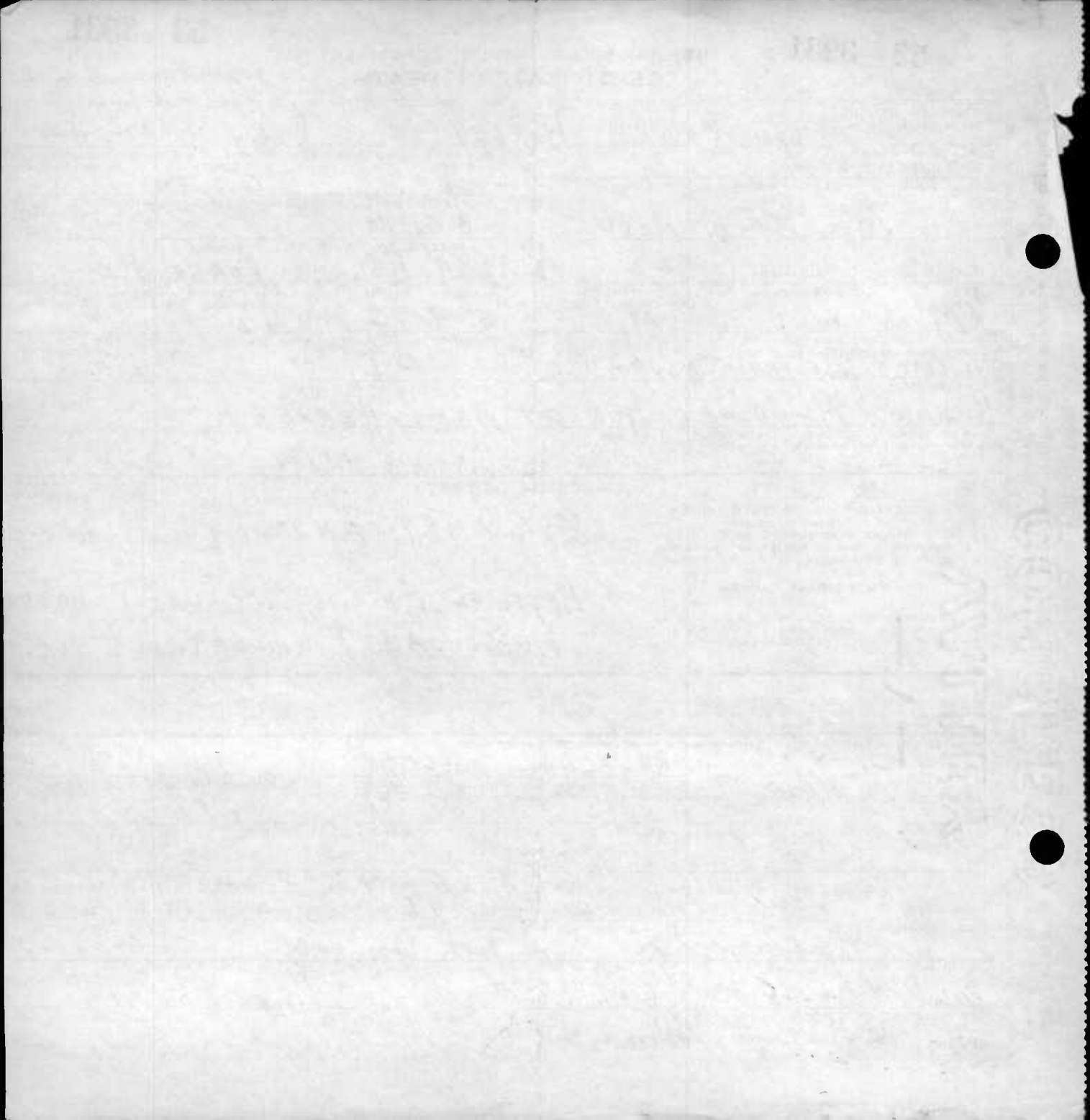
25. FUNERAL DIRECTOR

Frank H. Newell - Pikesville 2nd

ADDRESS

VS 150

45073



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-340		BALTIMORE CITY HEALTH DEPARTMENT		53 3932	
BIRTH NO. 53 3932		CERTIFICATE OF DEATH		Registered No. 53 3932	
1. NAME OF DECEASED (Type or Print) August Seidl -			2. DATE OF DEATH Apr. 22 53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Ind. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26 44		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 4815 E. Hoffman St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 6-24-79	9. AGE (In years last birthday) 74	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ?			10B. KIND OF BUSINESS OR INDUSTRY ?		11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME August Seidl		
14. MOTHER'S MAIDEN NAME Unknown			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		
16. SOCIAL SECURITY NO. ?			17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL		
18. 490X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pneumococcal Lobar pneumonia DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO					INTERVAL BETWEEN ONSET AND DEATH 10da.
19A. DATE OF OPERATION ?		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Apr 21, 1953 to Apr 22, 1953, that I last saw the deceased alive on Apr 22, 1953, and that death occurred at 12 p. m., from the causes and on the date stated above.			
23A. SIGNATURE David Seiden		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 4-22-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/27/53		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	
24D. LOCATION (City, town, or county) Baltimore Md.		25. FUNERAL DIRECTOR John A. Moran		ADDRESS 3000 B. Balto. St.	
DATE RECEIVED BY REGISTRAR APR 24 1953		REGISTRAR'S SIGNATURE Huntington Williams, MD		VS 150	

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U.S.C. Ind 1

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3933
Registered No.

BIRTH NO. 3 3933

1. NAME OF DECEASED (Type or Print) <i>Miss Jean Ellen Nash</i>			2. DATE OF DEATH <i>4-22-1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence; if outside corporate limits, write RURAL and give township) A. STATE <i>Maryland</i> B. COUNTY <i>5</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Agnes Hospital</i>			C. CITY OR TOWN <i>Baltimore</i>		
c. Length of stay in Baltimore <i>Six</i> Yrs. <i>-</i> Mos. <i>-</i> Days			D. STREET ADDRESS (If rural, give location) <i>4146. Mariban Court</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>6-5-1946</i>	9. AGE (In years last birthday) <i>6 5 yrs.</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>school child</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (State or foreign country) <i>Baltimore, Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>
13. FATHER'S NAME <i>Joseph Peter Nash</i>			14. MOTHER'S MAIDEN NAME <i>Olivia Spielmann</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT ADDRESS <i>Mr. Joseph Nash 4146 Mariban Ct.</i>		

18. <i>200.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Sarcomatosis (report) Lymphosarcoma.</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DUE TO	
	(B) DUE TO	
	(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.		

19A. DATE OF OPERATION <i>4/22</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>12-17</i> , 19 <i>52</i> to <i>4-22</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>4-22</i> , 19 <i>53</i> , and that death occurred at <i>4:20 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>George J. Gonce</i>		23B. ADDRESS <i>St. Agnes Hospital</i>		23C. DATE SIGNED <i>4-22-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>April 24, 1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore National</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 23 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>George J. Gonce</i>		ADDRESS <i>4001 Ritchie Hwy. Baltimore 25, Md.</i>	

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

OFFICE OF DEATH

RECEIVED AND RETURNED TO SENDER

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3934
Registered No.

53 3934
BIRTH NO.

1. NAME OF DECEASED (Type or Print) CATHERINE HESS			2. DATE OF DEATH 4/23/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore 56			D. STREET ADDRESS (If rural, give location) 202 N. CONKLING ST. (B1)		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1/27/97	9. AGE (In years last birthday) 56	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. WIFE		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME AUGUST PATZELL			14. MOTHER'S MAIDEN NAME Kunigunda ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Hosp. Records		

18. 200.1	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Lymphosarcoma DUE TO	2 yrs.
ANTECEDENT CAUSES	(B) _____ DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) _____ DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION NONE		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/18 , 19 53 , to 4/23 , 19 53 , that I last saw the deceased alive on 4/23 , 19 53 , and that death occurred at 12:50 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE C. C. Ireland		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED 4-23-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-27-53		24C. NAME OF CEMETERY OR CREMATORY Sacred Heart	
24D. LOCATION (City, town, or county) (State) Baltimore Md		25. FUNERAL DIRECTOR Lilly & Zeiler Co - 403 S. Wolfe St			
DATE RECEIVED BY LOCAL REGISTRAR APR 23 1953					

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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SAINT JOHN CITY HALL DEPARTMENT

CERTIFICATE OF DEATH

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

<div>Q-642</div> <div>CERTIFICATE CORRECTED</div> <div>BALTIMORE CITY HEALTH DEPARTMENT</div> <div>CERTIFICATE OF DEATH</div>											
<div>BIRTH NO.</div> <div>3935</div>					<div>Registered No.</div> <div>53 3935</div>						
<div>1. NAME OF DECEASED</div> <div>(Type or Print)</div> <div>GRACE N. QUARLES</div>					<div>2. DATE OF DEATH</div> <div>Apr. 21, 1953</div>						
<div>3. PLACE OF DEATH:</div> <div>A. Baltimore City, Maryland</div>					<div>4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)</div> <div>A. STATE Maryland B. COUNTY</div>						
<div>B. FULL NAME OF HOSPITAL OR INSTITUTION</div> <div>(If not in hospital or institution, give street address or location)</div> <div>2300 E. Chase Street</div>					<div>C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)</div> <div>Baltimore</div>						
<div>c. Length of stay in Baltimore</div> <div>Yrs. Mos. Days</div>					<div>D. STREET ADDRESS (If rural, give location)</div> <div>2300 E. Chase Street</div>						
<div>5. SEX</div> <div>Female</div>		<div>6. COLOR OR RACE</div> <div>White</div>		<div>7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)</div> <div>Married</div>		<div>8. DATE OF BIRTH</div> <div>June 15-94</div>		<div>9. AGE (In years last birthday)</div> <div>58</div>			
<div>10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</div>				<div>10B. KIND OF BUSINESS OR INDUSTRY</div> <div>At Home</div>		<div>11. BIRTHPLACE (State or foreign country)</div> <div>Balto. Md.</div>		<div>12. CITIZEN OF WHAT COUNTRY?</div>			
<div>13. FATHER'S NAME</div> <div>William Carmine</div>					<div>14. MOTHER'S MAIDEN NAME</div> <div>Margaret White</div>						
<div>15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)</div>					<div>16. SOCIAL SECURITY NO.</div>		<div>17. INFORMANT ADDRESS</div> <div>Harry C. Fisher - 2300 E. Chase St</div>				
<div>18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</div> <div>(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)</div> <div>ANTECEDENT CAUSES</div> <div>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</div>					<div>CAUSE OF DEATH</div> <div>(A) Hypertensive cardiovascular disease</div> <div>—DUE TO</div> <div>(B) Mitral insufficiency</div> <div>DUE TO</div> <div>(C)</div>					<div>INTERVAL BETWEEN ONSET AND DEATH</div>	
<div>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</div>											
<div>19A. DATE OF OPERATION</div>					<div>19B. MAJOR FINDINGS OF OPERATION</div>					<div>20. AUTOPSY?</div> <div>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></div>	
<div>21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.</div>					<div>21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</div>		<div>21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)</div>				
<div>21D. TIME (Month) (Day) (Year) (Hour) OF INJURY</div>					<div>21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></div>		<div>21F. HOW DID INJURY OCCUR?</div>				
<div>22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/>, accident <input type="checkbox"/>, suicide <input type="checkbox"/>, homicide <input type="checkbox"/>, undetermined <input type="checkbox"/>.</div>											
<div>23A. SIGNATURE</div> <div>[Signature]</div>					<div>23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER</div> <div>M.D. <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/></div>		<div>23C. DATE SIGNED</div> <div>Apr. 21, 1953</div>				
<div>24A. BURIAL, CREMATION, REMOVAL (Specify)</div> <div>Burial</div>		<div>24B. DATE</div> <div>4-24-53</div>		<div>24C. NAME OF CEMETERY OR CREMATORY</div> <div>Balto Cem</div>		<div>24D. LOCATION (City, town, or county) (State)</div> <div>North Ave. Balto Md</div>					
<div>DATE RECEIVED BY LOCAL REGISTRAR</div> <div>APR 23 1953</div>		<div>REGISTRAR'S SIGNATURE</div> <div>[Signature]</div>					<div>25. FUNERAL DIRECTOR ADDRESS</div> <div>John C. Miller Inc - 2435 E. Oliver St</div>				

23 3082

23 3082

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-620		BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 53 3936	
53 3936		BIRTH NO.			
1. NAME OF DECEASED (Type or Print)		August Works		2. DATE OF DEATH April 22, 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		b. FULL NAME OF (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md. b. COUNTY	
c. Length of stay in Baltimore 30 yrs		5. SEX male		6. COLOR OR RACE Colored	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 3-24-1890		9. AGE (In years last birthday) 63	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) mackenzburg nc	
13. FATHER'S NAME August Works		14. MOTHER'S MAIDEN NAME Cora Works		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	
18. 493X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Pneumococcal pneumonia, empyema and pericarditis (B) (C)		INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-13, 1953, to 4-22, 1953, that I last saw the deceased alive on 4-22, 1953 and that death occurred at 1:45 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Carol V. Johnson		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 4/22/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE April 23/53		24C. NAME OF CEMETERY OR CREMATORY Torrance Chaple n.c.	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR Huntington Williams, Jr.		25. ADDRESS 1000 Brantley	
DATE RECEIVED BY LOCAL REGISTRAR APR 23 1953		REGISTRAR'S SIGNATURE		25. ADDRESS	

41514

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 3937****53 3937**

1. NAME OF DECEASED (Type or Print) MARY THERESA MICHAEL			2. DATE OF DEATH 4/22/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY BALTO		
B. FULL NAME OF HOSPITAL OR INSTITUTION HOSPITAL FOR WOMEN of MARYLAND			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) PARKVILLE 53-00		
C. Length of stay in Baltimore 47 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2304 Miller Ave		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 9-8-86	9. AGE (in years last birthday) 66	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) G409, HUNGARY		12. CITIZEN OF WHAT COUNTRY? ?
13. FATHER'S NAME ? TOKE			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 770	17. INFORMANT ADDRESS Husband Same as above		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial insufficiency			INTERVAL BETWEEN ONSET AND DEATH 3 days		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. arteriosclerotic-cardiovascular disease			DUE TO 10 yrs		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Multiple aneurysms of aorta			several years		
19A. DATE OF OPERATION 4/22/53		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/22/53 , 19 53 , to 7/22/53 , 19 53 , that I last saw the deceased alive on 4/22/53 , 19 53 , and that death occurred at 2:10 a. m. , from the causes and on the date stated above.					
23A. SIGNATURE Hildyard Heard Reimus			23B. ADDRESS M. D.		23C. DATE SIGNED 4/22/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Apr. 25-1953	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem.		24D. LOCATION (City, town, or county) (State) Balto Md
DATE RECEIVED BY LOCAL REGISTRAR APR 23 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Leonard J. Buck 5305 Harford	

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1887

THURSDAY

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-622
53 3938

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3938
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DEE B. BERKHOUSE

2. DATE
OF
DEATH

4/22/53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
a. STATE b. COUNTY

Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

d. STREET ADDRESS (If rural, give location)

2448 Washington Blvd.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6/22/95

9. AGE (In years last birthday)

57

10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

State Dept of Health

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Curtis H. Butcher

14. MOTHER'S MAIDEN NAME

Sarah Lockard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Helkie T. Berkhouse, 2448 Washington Blvd.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 4/16/53, 19, to 4/22/53, 19, that I last saw the deceased alive on 4/22/53, 19, and that death occurred at 5:40 Pm., from the causes and on the date stated above.

23a. SIGNATURE

O. J. Wildberger

23b. ADDRESS

University Hospital

23c. DATE SIGNED

4/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

4/25/53

24c. NAME OF CEMETERY OR CREMATORY

London Park

24d. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 St. Paul St.

VS 150

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UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 3939
S-310

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3939

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Katie E. Stapf		2. DATE OF DEATH April 22, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION 5102 Elmer Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 5102 Elmer Avenue			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 23, 1874	9. AGE (In years last birthday) 79	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
13. FATHER'S NAME Unknown Moore		14. MOTHER'S MAIDEN NAME Mary Smith			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS George W. Stapf, 2101 Poplar Grove Street	
18. 420.0 and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Coronary occlusion with pulmonary edema. DUE TO (B) Diabetes DUE TO (C) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH April 22, 1953 1946 1946 1946			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arthritis					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1, 1946 , to April 22, 1953 , that I last saw the deceased alive on April 22, 1953 , and that death occurred at 12:34 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE M. E. Loman		23B. ADDRESS 4543 Park Heights Ave		23C. DATE SIGNED 4-23-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 4/25/53		24C. NAME OF CEMETERY OR CREMATORY Lorraine Park Cemetery	
24D. LOCATION (City, town, or county) Woodlawn, Maryland		25. FUNERAL DIRECTOR ADDRESS Wm. Gork, Inc., 1217 St. Paul Street			

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APR 25 1964

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3940**

BIRTH NO. **3 3940**

1. NAME OF DECEASED (Type or Print) <i>Michael Joseph Mc Hale</i>			2. DATE OF DEATH <i>4/22/53 3:15 PM</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>5812 Clarks Hill</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 27-13</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>5812 Clarks Hill</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>7/7/1886</i>	9. AGE (In years, last birthday) <i>66</i>	10 Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>City of Balto.</i>		11. BIRTHPLACE (State or foreign country) <i>Ireland</i>
13. FATHER'S NAME <i>Michael Mc Hale</i>			14. MOTHER'S MAIDEN NAME <i>(Unknown) Burke</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
			17. INFORMANT ADDRESS <i>Patricia A. McHale 5813 Clarks Hill</i>		

18. <i>32X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <i>Cerebral Thrombosis to Right Hemiplegia</i>		DUE TO		<i>3 weeks</i>	
ANTECEDENT CAUSES		(B) <i>Arteriosclerosis, Generalized</i>		<i>Unknown</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>Arteriosclerotic Heart Disease</i>		<i>Unknown</i>	

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>April 4</i> , 1953, to <i>April 22</i> , 1953, that I last saw the deceased alive on <i>April 22</i> , 1953, and that death occurred at <i>3:15 p. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>R. B. Brandon</i>		23B. ADDRESS <i>1606 Kelly Ave. - 9</i>		23C. DATE SIGNED <i>4/23/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/25/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>	
				24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 23 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>W. Cook Inc. 217 St. Paul St.</i>	

VS 150

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

1940

FILE NO. 100-100000

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

PREVIOUS ILLNESS

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

PREVIOUS ILLNESS

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 3941

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CARRIE GUTMAN MOSES

2. DATE
OF
DEATH

April 22, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1803 Eutaw Place

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

1803 Eutaw Place

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Dec. 25, 1875

9. AGE (In years
last birthday)

77

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joel Gutman

14. MOTHER'S MAIDEN NAME

Bertha Kayton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

--

16. SOCIAL
SECURITY NO.
none

17. INFORMANT

ADDRESS

Mr. Kayton Moses - 3826 Dolfield Ave.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Generalized arteriosclerosis

DUE TO Coronary artery disease

(B) Hypertension

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

20 years

10 years

25 years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Paroxysmal auricular fibrillation 5 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
M. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1951, to April 22, 1953 that I last saw the
deceased alive on 4/22, 1953, and that death occurred at 4 P m., from the causes and on the date stated above.

23A. SIGNATURE

Jank Cohen

M. D.

23B. ADDRESS

1804 Eutaw Place

23C. DATE SIGNED

4/23/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/24/53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Hebrew Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1948

53 530 3942

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

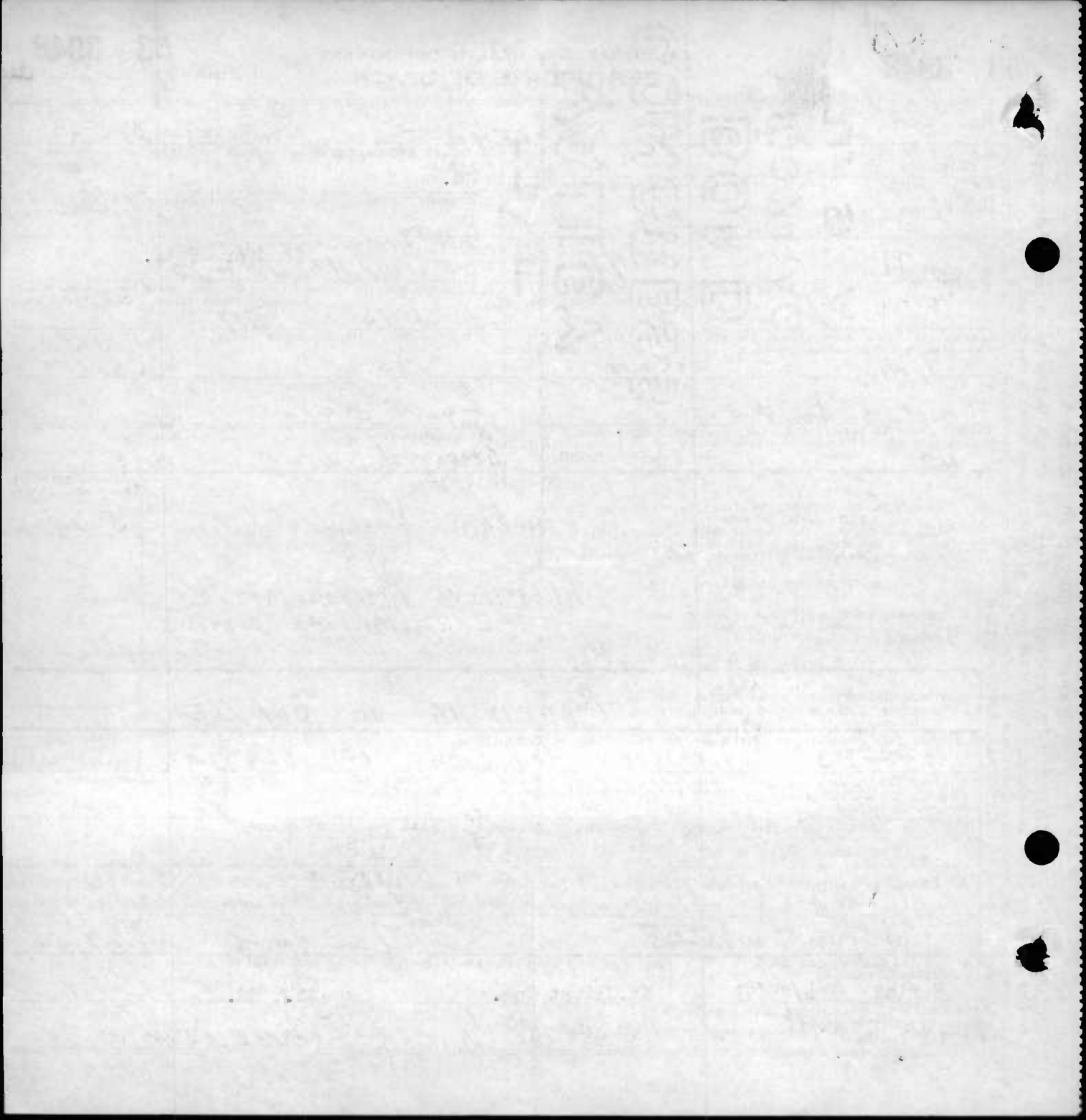
53 3942
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) MABEL G. SMITH		2. DATE OF DEATH 4-23-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION MD. GEN. HOSP.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO			
c. Length of stay in Baltimore 77 Yrs. Mo. Days		D. STREET ADDRESS (If rural, give location) 909 UNIV. PKWY #10. Chadford Apts.			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 10-31-75	9. AGE (in years last birthday) 77	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) MD.	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME THOMAS BEN WESTON		14. MOTHER'S MAIDEN NAME ELLA BROWN		17. INFORMANT ADDRESS GEORGE H. SMITH SAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. none		18. 443 x and 181 x CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) CEREBRAL VASCULAR ACCIDENT		INTERVAL BETWEEN ONSET AND DEATH 5 DAYS	
ANTECEDENT CAUSES		(B) HYPERTENSIVE ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CARCINOMA OF BLADDER					
19A. DATE OF OPERATION 4-7-53		19B. MAJOR FINDINGS OF OPERATION 1 CYSTOSCOPY - CARCINOMA OF BLADDER			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-7 , 19 53 , to 4-23 , 19 53 that I last saw the deceased alive on 4-23 , 19 53 and that death occurred at 6:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE J. Duckworth		23B. ADDRESS Ind. Gen. Hosp.		23C. DATE SIGNED 4-23-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/25/53		24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.	
24D. LOCATION (City, town, or county) Balto., Md.		24E. FUNERAL DIRECTOR Huntington Williams, M.D.		24F. ADDRESS Balto 17, Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 23 1953		25. FUNERAL DIRECTOR J. Pickner & Sons			

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3943

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDITH ALLEN NUTTER

2. DATE
OF
DEATH

4-22-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

MARYLAND GENERAL HOSPITAL

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

2317 N CALVERT ST #18

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

AUG 23, 1874

9. AGE (In years last birthday)

78

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

THOMAS Benj. WESTON

14. MOTHER'S MAIDEN NAME

ELLA BROWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS Calif.

Mrs. P. K. Smith-517 - 5th St., Coronado

18.

540.1 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) GENERALIZED PERITONITIS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

CAUSE OF DEATH

(B) PERFORATED PEPTIC ULCER

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

UREMIA & ACIDOSIS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

No

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

-

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

-

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

-

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

-

22. I hereby certify that I attended the deceased from 4/21, 1953, to 4/22, 1953 that I last saw the deceased alive on 4/22, 1953, and that death occurred at 9:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

John A. Smith

M. D.

23B. ADDRESS

Maryland General Hosp

23C. DATE SIGNED

22 Apr 53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/25/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

APR 23 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Pickens & Sons

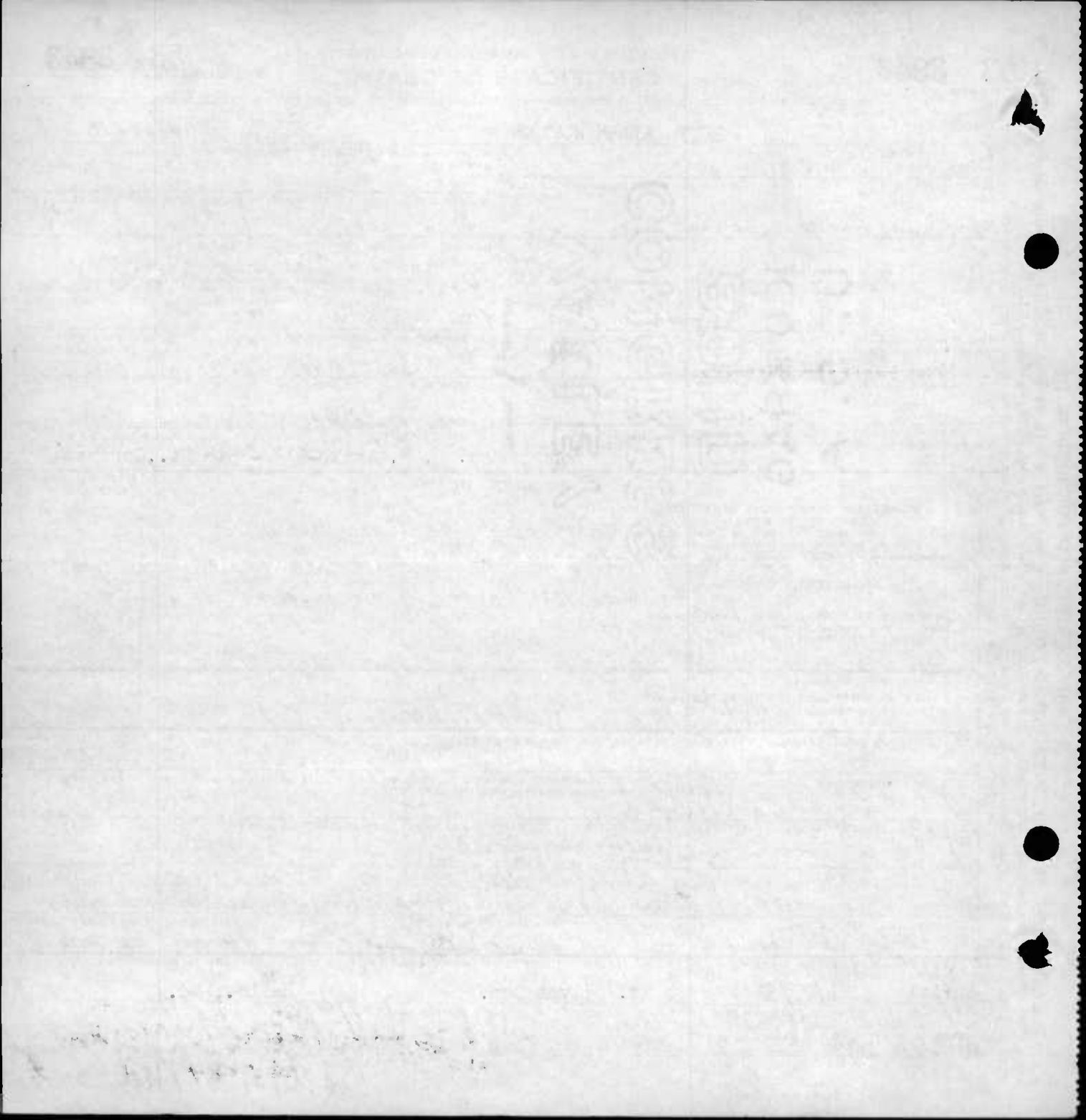
ADDRESS

Balto 17, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



53 B-450
3944

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3944
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) MATTHEW H. J. BLAINE		2. DATE OF DEATH April 22, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 5329 Hamlin Avenue			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 15, 1889	9. AGE (in years last birthday) 63	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter		10B. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Pennsylvania	
13. FATHER'S NAME WILLIAM WESLEY BLAINE		14. MOTHER'S MAIDEN NAME ELLEN M. WALLACE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. 705-07-8969		17. INFORMANT ADDRESS Mrs. Christine P. S. Blaine-5329 Hamlin Ave	

19. E 981 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Gunshot wound of head DUE TO (A)		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO (C)		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 5329 Hamlin Avenue	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY April 22, 1953 12:45 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Shot self in head	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William J. Pickner</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED April 22, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/24/53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) (State) Fieldlawn, Md.		25. FUNERAL DIRECTOR'S ADDRESS 24m. J. Pickner & Sons, 1640 17th, Md.			
DATE RECEIVED BY LOCAL REGISTRAR APR 23 1953		REGISTRAR'S SIGNATURE <i>William J. Pickner</i>			

V S 151
N 803.4

51050

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1650 11/11/1941
1650 11/11/1941
1650 11/11/1941

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3945
Registered No.53 3945
BIRTH NO.

1. NAME OF DECEASED (Type or Print) MISS GERALDINE C. FLAHERTY			2. DATE OF DEATH APRIL 22, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 18 9-08		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 711 EAST 80TH STREET		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH APRIL 27 1894	9. AGE (In years last birthday) 58	H Under 1 Year Months: Days H Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME CHARLES V. FLAHERTY			14. MOTHER'S MAIDEN NAME ANASTASIA HAYES		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS MISS MARY A. FLAHERTY SAME		

18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) myocardial infarction DUE TO (B) arteriosclerotic heart disease DUE TO (C) cerebral embolus, recent & old due to ASHD & auricular fibrillation			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from MARCH 31, 1953 to APRIL 22, 1953 , that I last saw the deceased alive on APRIL 21, 1953 , and that death occurred at 6:50 P.M. , from the causes and on the date stated above.			
23A. SIGNATURE J. D. Vincent	M. D.	23B. ADDRESS Union Mem Hosp	23C. DATE SIGNED Apr. 22, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Apr. 25, 1953	24C. NAME OF CEMETERY OR CREMATORY Cathedral	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 24 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS W. L. Leman, 4611 Park Heights A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED
(Type or Print)

GEORGE

KNOP

2. DATE
OF
DEATH Apr. 22, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Lutheran Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2715 W. Fairmount Avenue

c. Length of stay in Baltimore

28

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 1880

9. AGE (In years
last birthday)

72

H Under 1 Year
Months DaysH Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Sheet Metal Worker

10B. KIND OF BUSINESS OR
INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

Mrs Carl Knop

ADDRESS

2707 W. outside

18. 422.1 and 260X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. B. Fisher

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Apr. 23, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/25/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams M.D.

25. FUNERAL DIRECTOR

John J. Cowan & Son

ADDRESS

St. Collins

VS 151

591/24

0105

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1948



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 3947
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3947
Registered No.

1. NAME OF DECEASED (Type or Print) CLARENCE A. LEE			2. DATE OF DEATH April 22, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1006 N. Dallas Street		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-4-1895	9. AGE (In years last birthday) 57	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10B. KIND OF BUSINESS OR INDUSTRY Baking House		11. BIRTHPLACE (State or foreign country) Buckingham Va.
13. FATHER'S NAME Aaron Lee			14. MOTHER'S MAIDEN NAME Polly Perkins		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. 218-03-4565		
17. INFORMANT Stonewall Chambers			ADDRESS 1006 N. Dallas		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. F. Fisher			23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Apr. 23, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-25-1953	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn		24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 24 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Randolph J. Collick ADDRESS 14126 Preston St.	

1917

50

RECEIVED FROM THE

CENTRAL BUREAU OF INVESTIGATION

1917

50



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3948
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY L. JONES

2. DATE
OF
DEATH

April 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1600 N. Broadway

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1600 N. Broadway

C. Length of stay in Baltimore

60 years

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Sept. 27, 1867

9. AGE (In years last birthday)

85

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

James Greenholt

14. MOTHER'S MAIDEN NAME

Anna Bixler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

none

17. INFORMANT 1600 N. Broadway ADDRESS 13
Mrs. Anna J. Patten

18. 331X and 260X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage
DUE TO Arteriosclerosis

5 days
5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes

30 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 2, 1953 to April 21, 1953 that I last saw the deceased alive on 4-20, 1953, and that death occurred at 4 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

1613 E. North Ave. Balto.

23C. DATE SIGNED

4-22-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

4/24/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 13, MD.

Scarf T. Sander

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

318

1. Name of deceased: _____

2. Sex: _____

3. Age: _____

4. Date of birth: _____

5. Place of birth: _____

6. Date of death: _____

7. Time of death: _____

8. Cause of death: _____

9. Place of death: _____

10. Signature of attending physician: _____

11. Signature of registrar: _____

12. Signature of informant: _____

13. Name of informant: _____

14. Address of informant: _____

15. Date of filing: _____

16. File number: _____

17. Registrar's office: _____

18. County: _____

19. State: _____

20. City: _____

21. Zip: _____

22. Telephone: _____

23. Fax: _____

24. E-mail: _____

25. Website: _____

26. Social Security Number: _____

27. Date of issue: _____

28. Issued by: _____

29. Issued for: _____

30. Issued to: _____

31. Issued at: _____

32. Issued in: _____

33. Issued on: _____

34. Issued by: _____

35. Issued for: _____

36. Issued to: _____

37. Issued at: _____

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51. Issued on: _____

52. Issued by: _____

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54. Issued to: _____

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60. Issued to: _____

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69. Issued on: _____

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75. Issued on: _____

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79. Issued at: _____

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81. Issued on: _____

82. Issued by: _____

83. Issued for: _____

84. Issued to: _____

85. Issued at: _____

86. Issued in: _____

87. Issued on: _____

88. Issued by: _____

89. Issued for: _____

90. Issued to: _____

91. Issued at: _____

92. Issued in: _____

93. Issued on: _____

94. Issued by: _____

95. Issued for: _____

96. Issued to: _____

97. Issued at: _____

98. Issued in: _____

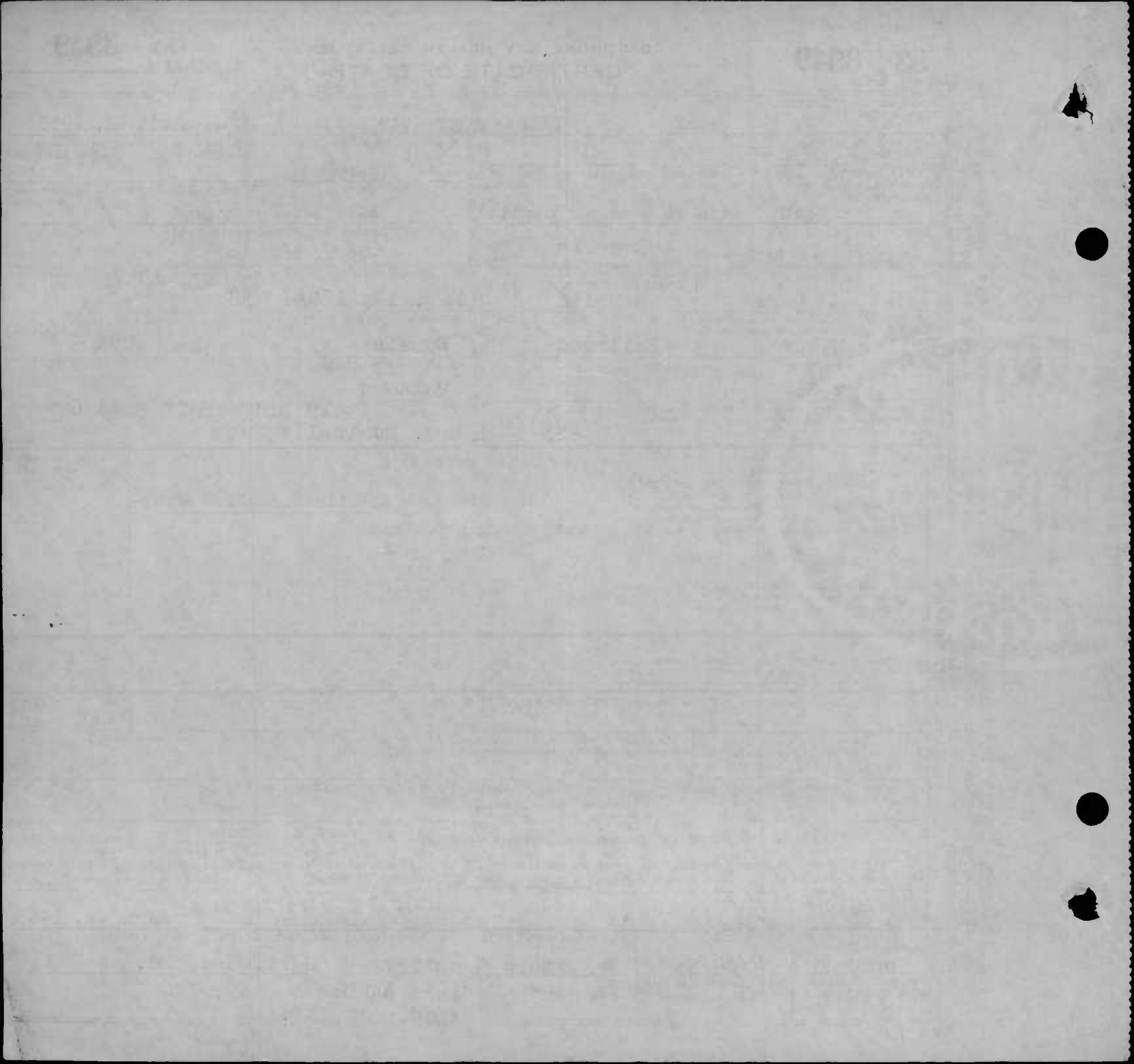
99. Issued on: _____

100. Issued by: _____

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Z-200		BALTIMORE CITY HEALTH DEPARTMENT		53 3949	
53 3949		CERTIFICATE OF DEATH		Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)		ALEX ZUK (ALEXSEY ZUK)		2. DATE OF DEATH April 21, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		7-04	
c. Length of stay in Baltimore 42 years		D. STREET ADDRESS (If rural, give location) 926 N. Broadway			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 14, 1894	9. AGE (in years last birthday) 58	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boiler Maker		10B. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Russia	
13. FATHER'S NAME ? Zuk		14. MOTHER'S MAIDEN NAME Unknown		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 705-05-3401		17. INFORMANT 3819 Ridgecroft Road 6 Mrs. Domisella Zuk	
18. 443 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Hypertensive arteriosclerotic cardiovascular vascular disease (B) (C)		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William J. Williams</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED April 22, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 4/24/53		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
DATE RECEIVED BY LOCAL REGISTRAR APR 24 1953		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC BALTO., 13, MD.	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. STATE Md.		24F. ADDRESS Say P. Hunter	



28-000 53 3950		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 3950 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) MRS. MARY E. ROHE			2. DATE OF DEATH 4-22-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION ST. AGNES Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28-04		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 301 Nottingham Road		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 7-25-83	9. AGE (In years last birthday) 69	If Under 1 Year Months: Days:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) St. W.			10B. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Balto. Ind.
13. FATHER'S NAME Charles Stromberg			14. MOTHER'S MAIDEN NAME Bridget Mulcahy		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Thomas J. Pike, 301 Nottingham Rd	
18. 470.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction			CAUSE OF DEATH (A) Myocardial Infarction DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) Coronary Artery occlusion DUE TO (C) Hypertensive Cardio Vasc. Disease		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-21 , 19 53 to 4-22 , 19 53 that I last saw the deceased alive on 4-22 , 19 53 and that death occurred at 10:20 PM from the causes and on the date stated above.					
23A. SIGNATURE Harry L. Thompson		23B. ADDRESS H. Rogers Hosp.		23C. DATE SIGNED 4-22-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Apr 25/53		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) (State) Balto. Ind.		25. FUNERAL DIRECTOR Harry L. Thompson		ADDRESS 4101 Edmondson Ave.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE			

0210

THEATRE, H. L. B. IN DEPARTMENT
OF THE ARMY, WASHINGTON, D. C.

0210



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3951

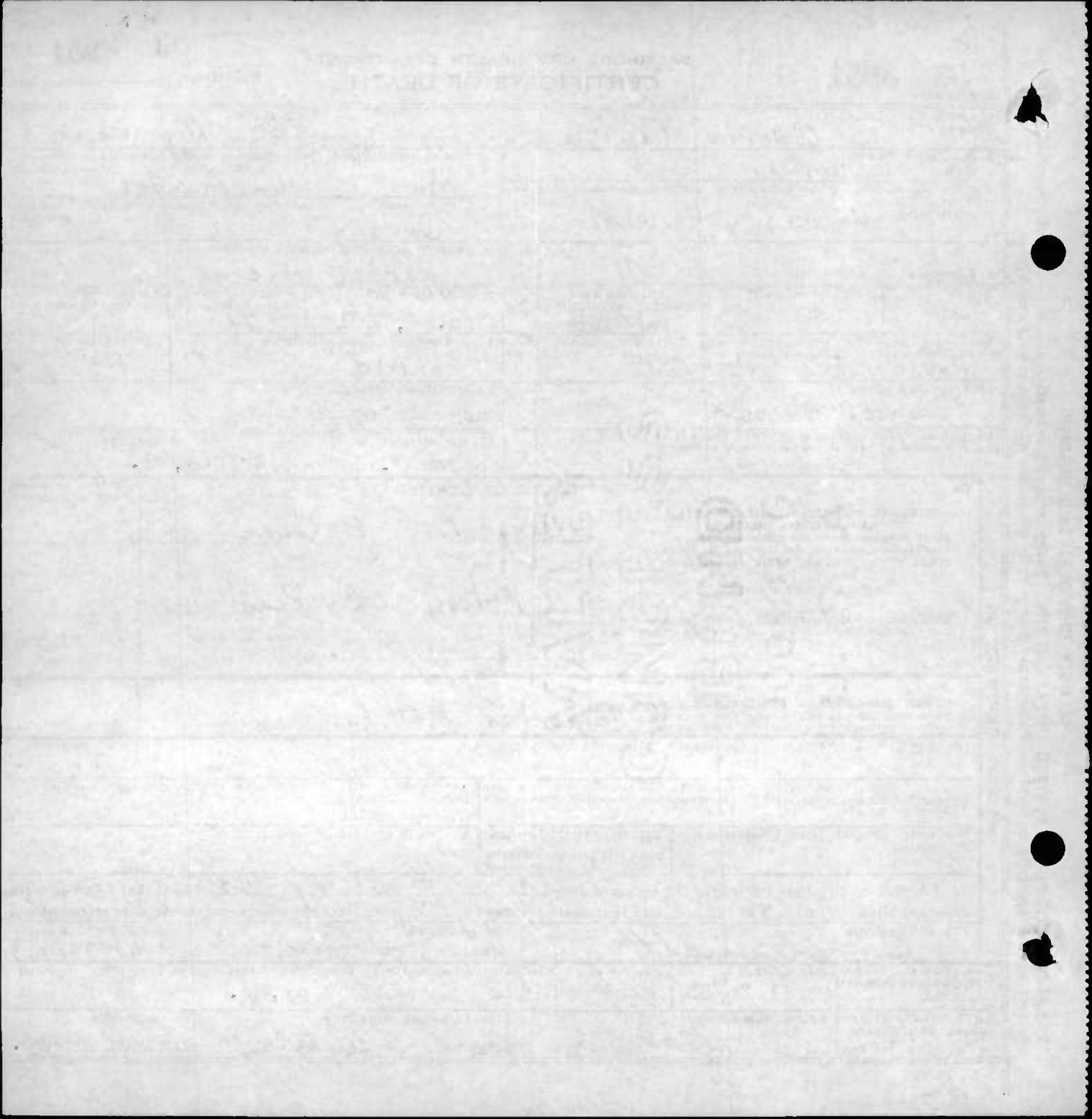
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Carrie Tipton (Caroline Tipton)			2. DATE OF DEATH Apr. 22, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Anne Arundel		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN Dorsey (If outside corporate limits, write RURAL and give township) 52-00		
c. Length of stay in Baltimore 71 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) Forest Avenue		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W Widow	8. DATE OF BIRTH Dec. 4, 1881	9. AGE (In years last birthday) 71	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Daniel Vogelsang			14. MOTHER'S MAIDEN NAME Mary Staley		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Woodrow W. Tipton, Dorsey, Md.		

<p>18. 442x and 260x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p align="center">ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes Mellitus</p>	<p align="center">CAUSE OF DEATH</p> <p>(A) Congestive Failure DUE TO</p> <p>(B) Hypertensive CV Renal disease DUE TO</p> <p>(C) _____</p>		<p>INTERVAL BETWEEN ONSET AND DEATH</p>

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
<p>22. I hereby certify that I attended the deceased from Apr. 17, 1953 to Apr. 22, 1953 that I last saw the deceased alive on Apr. 22, 1953, and that death occurred at 3:15 p.m., from the causes and on the date stated above.</p>					
23A. SIGNATURE C.E. Stennett		23B. ADDRESS University Hospital		23C. DATE SIGNED Apr. 22, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE April 25/53	24C. NAME OF CEMETERY OR CREMATORY Meadow Ridge	24D. LOCATION (City, town, or county) (State) Dorsey, Md.		
DATE RECEIVED BY LOCAL REGISTRAR APR 24 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Harry H. Witzke		ADDRESS 1101 Edmondson Ave.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3952
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH B. BULL

2. DATE
OF
DEATH

APRIL 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

SOUTH BALTO. GENERAL Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4031 E. Monument Street

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

B. DATE OF BIRTH

June 1, 1901

9. AGE (In years

last birthday)

51

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Crane operator

10B. KIND OF BUSINESS OR
INDUSTRY

Armco Steel Co.

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Bull

14. MOTHER'S MAIDEN NAME

—

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

213-09-5933

17. INFORMANT

ADDRESS

Mildred L. Bull, 4031 E. Monument

18.

443 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CEREBRAL HEMORRHAGE

(A)

DUE TO

HYPERTENSIVE CARDIOVASCULAR
DISEASE

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT

NOT WHILE

WORK AT WORK

22. I hereby certify that I attended the deceased from APRIL 23, 1953, to APRIL 23, 1953, that I last saw the
deceased alive on APRIL 23, 1953, and that death occurred at 12:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

W. M. Conway

23B. ADDRESS

South Baltimore Genl Hosp.

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/25/53

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven Cemetery Anne Arundel Co. Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 24 1953

Huntington Williams, M.D. 24 M. Cook, Inc. 1217 St. Paul St.

VS 150

513 3D

5000

RECEIVED

5000

5000



PLEASE TYPE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

53 3953

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3953
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
LEATHA A. GARDENER		4-22-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
4404 ST. GEORGES AVE.		BALTIMORE 27-10	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
5 Yrs. 5 Mos. 5 Days		4404 ST. GEORGES AVE	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
F.	C.	MARRIED	4-29-14
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)
SEAMSTRESS		TAILOR	38
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country)	
WILLIAM WATERS		DOVER, DEL.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME	
No		KATE HARRIS	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
220-22-9527		ROLAND GARDNER 4404 ST. GEORGES AVE	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
I		A. DUE TO	
ANTECEDENT CAUSES		B. DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		C. DUE TO	
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
6			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/18, 1953 to 4/22, 1953, that I last saw the deceased alive on 4/22, 1953, and that death occurred at 7 a. m., from the causes and on the date stated above.		23A. SIGNATURE	
23B. ADDRESS		23C. DATE SIGNED	
M. D. 001-E-2222		4/23/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
BURIAL		4-18-53	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DOVER, DELAWARE			
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR ADDRESS	
APR 21 1953		Huntington Williams 1304 N. Potters Ave	
VS 150		69046	

8500

23

7400



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 3954**BIRTH NO. **53 3954**

1. NAME OF DECEASED (Type or Print) FRANCES B. EDELEN		2. DATE OF DEATH ARR. 23, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GLEN ARM	
C. Length of stay in Baltimore 3 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location)	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH AUG. 27, 1886
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 66 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME WILLIAM BOGGS		11. BIRTHPLACE (State or foreign country) IRELAND	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME ANNIE RYAN	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS J. WALBACH EDELEN SAME	

18. 592X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(A) RUPTURED DISSECTING ANEURYSM OF AORTIC ARCH DUE TO		IMMEDIATE
	(B) HYPERTENSIVE CARDIOVASCULAR DISEASE DUE TO		5 yrs. +
	(C) CHRONIC GLOMERULONEPHRITIS		5 yrs +

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from APR. 20, 1953 to APR 23, 1953 that I last saw the deceased alive on APR. 23, 1953 , and that death occurred at 11:50 m., from the causes and on the date stated above.				
23A. SIGNATURE E. Sale Lummell Jr.		23B. ADDRESS UNION MEMORIAL HOSP		23C. DATE SIGNED APR. 23, 53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE April 25, 1953	24C. NAME OF CEMETERY OR CREMATORY Cathedral	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland.	
DATE RECEIVED BY LOCAL REGISTRAR APR 24 1953		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, 8057 Calvert St.		

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

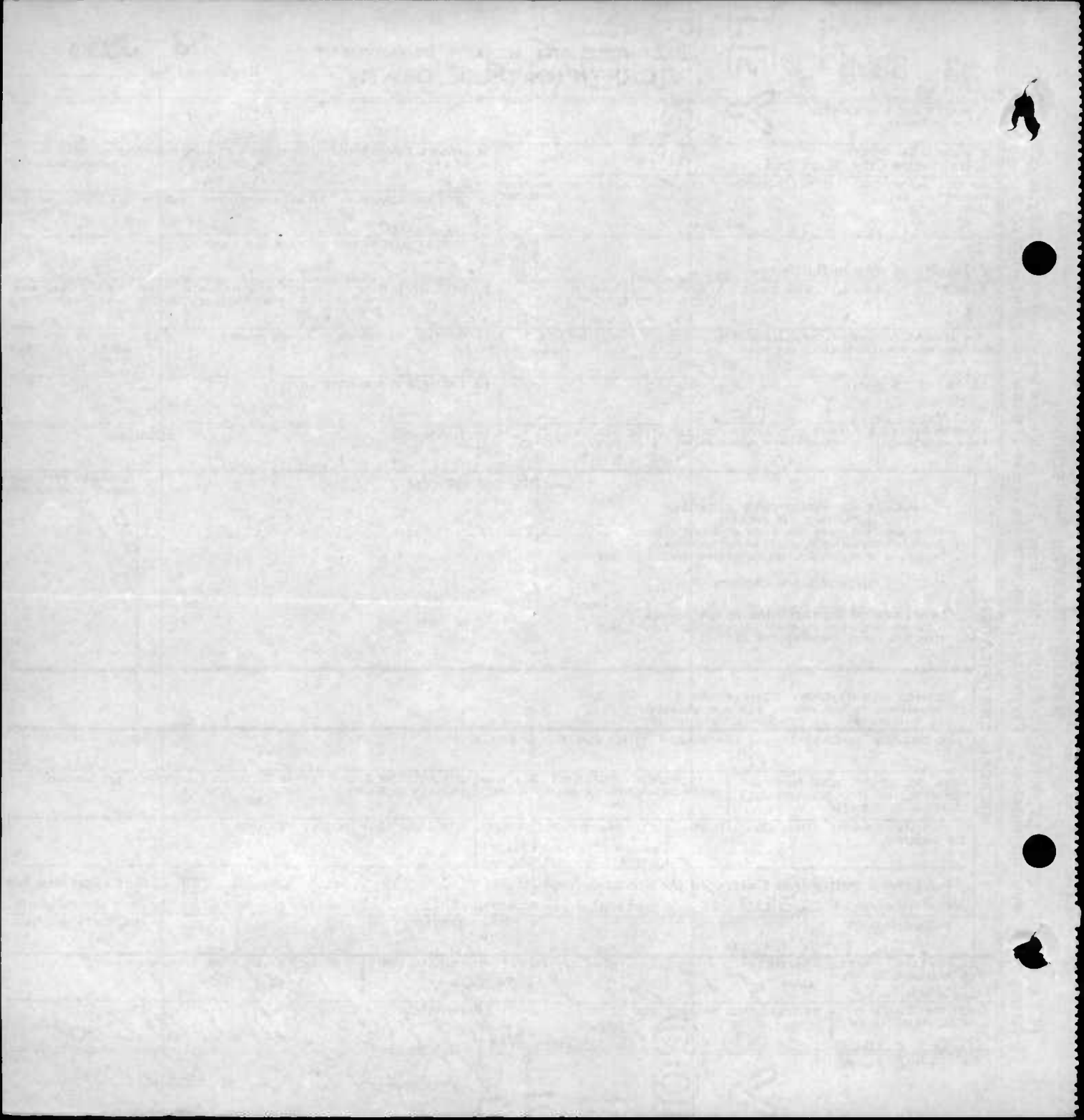
53 3955
Registered No.

53 3955
BIRTH NO. *Res*

1. NAME OF DECEASED (Type or Print) <i>MICHAEL ANTHONY DENNIS</i>			2. DATE OF DEATH <i>4-23-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>BALTO.</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Church Home + Hosp</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE 6-04</i>		
D. STREET ADDRESS (If rural, give location) <i>1812 E Fayette Street</i>			E. LENGTH OF STAY IN BALTIMORE Yrs. <i>35</i> Mos. <i>5</i> Days <i>1</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>INFANT</i>	8. DATE OF BIRTH <i>Aug 31 1952</i>	9. AGE (In years last birthday) <i>7</i>	10. Under 1 Year Months: <i>23</i> Days: <i>23</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>VIRGINIA</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>JAMES A. DENNIS</i>			14. MOTHER'S MAIDEN NAME <i>HEURITHA YINGLINS</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>C</i>		16. SOCIAL SECURITY NO. <i>G</i>	17. INFORMANT ADDRESS <i>JAMES A. DENNIS 1812 E Fayette</i>		

18. <i>048X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Aspiration of vomitus</i> DUE TO (B) <i>Dysentery</i> DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>4 hours</i> <i>1 week</i>
---	---	---

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4-23-53</i> , 1953, to <i>11-23-53</i> , 1953 that I last saw the deceased alive on <i>12-25-53</i> , 1953, and that death occurred at <i>12:45 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Dash C. Collins</i>		23B. ADDRESS <i>Church Home + Hosp.</i>		23C. DATE SIGNED <i>4-23-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>4-25-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Marys</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto, Md</i>		24E. NAME OF FUNERAL DIRECTOR <i>Woff & Co. B. M. Walters</i>		24F. ADDRESS <i>Pratt & Stricker</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 24 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		FUNDING DIRECTOR'S SIGNATURE <i>Pratt & Stricker</i>	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLARA BELL BUHL

2. DATE
OF
DEATH

April 21, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3609 Windsor Mill Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

15-48

D. STREET ADDRESS (If rural, give location)

3609 Windsor Mill Road

C. Length of stay in Baltimore

3- Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct. 28, 1896

9. AGE (In years
last birthday)

56

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House-wife

10B. KIND OF BUSINESS OR
INDUSTRY

--

11. BIRTHPLACE (State or foreign country)

Texas

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Not Known

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

566-22-4098

17. INFORMANT

ADDRESS

William H. Buhl 3609 Windsor M. Rd.

18.

540.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Ruptured peptic ulcer

QUEST

ANTECEDENT CAUSES

(B)

Fibrinopurulent peritonitis

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (a. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Buhl

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

April 22, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-25-1953

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county)

Woodlawn,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

APR 24 1953

REGISTRAR'S SIGNATURE

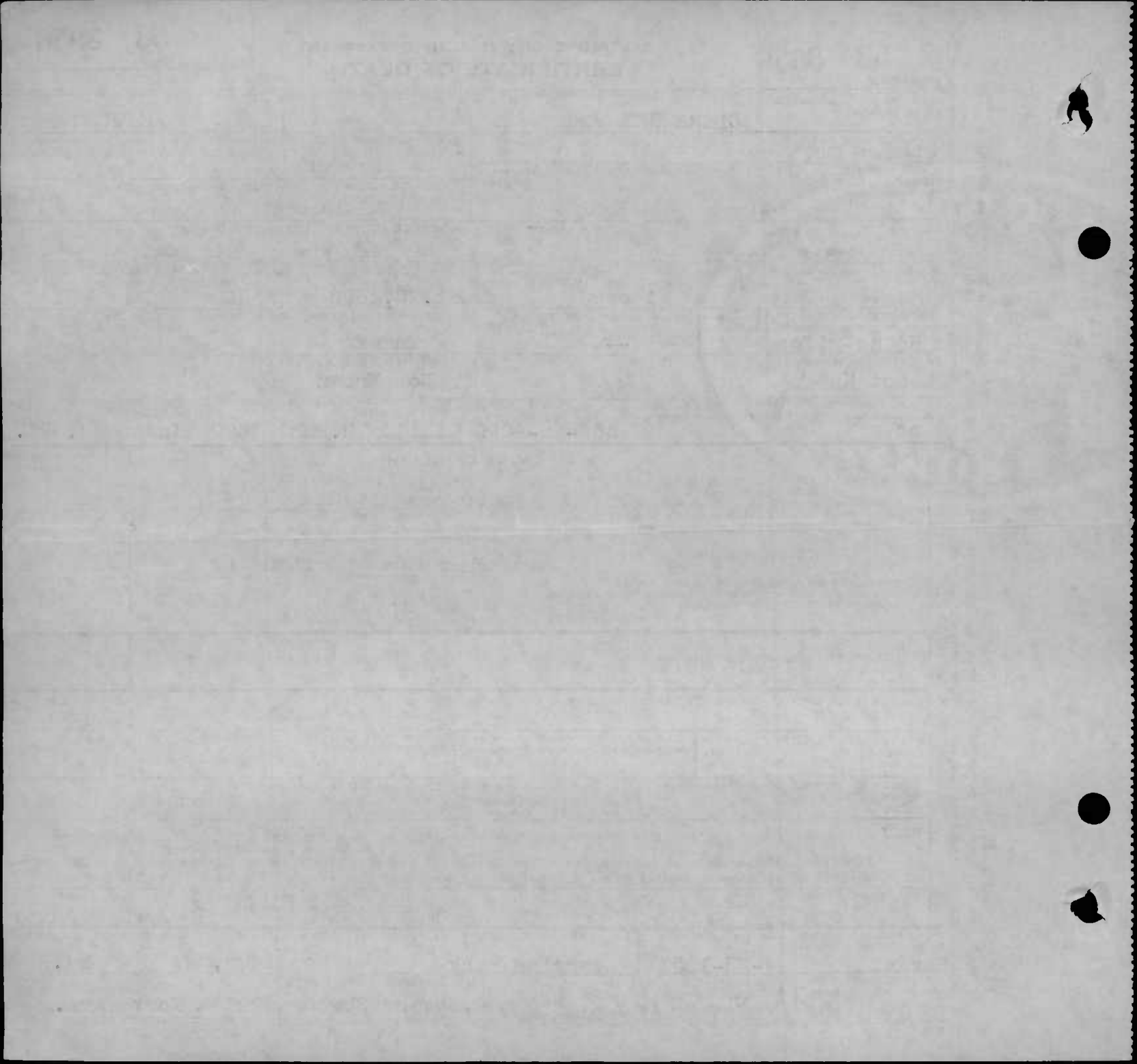
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.

VS 151



H-250
53 3957BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3957
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KATE CORA HESSON

2. DATE
OF
DEATH

APRIL 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3435 GUILFORD TERRACE

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

B. COUNTY

before admission)

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

12-02

D. STREET ADDRESS (If rural, give location)

3435 GUILFORD TERRACE.

c. Length of stay in Baltimore

LIFE.

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

W.

8. DATE OF BIRTH

8-10-70

9. AGE (in years,

last birthday)

82

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

WILLIAM H. WEBB

14. MOTHER'S MAIDEN NAME

REBECCA HUSH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

MRS KATHERINE E. NICKERSON
3435 GUILFORD TERR.

18.

722.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) BRONCHO-PNEUMONIA

DUE TO

1 WEEK.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ANEMIA-SECONDARY

DUE TO

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) CHRONIC RHEUMATOID

ARTHRITIS

ARTERIOSCLEROSIS-GENERALIZED

14 YEARS

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-16, 1953, to 4-23, 1953 that I last saw the deceased alive on 4-23, 1953, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Arthur W. Karfain

M. D.

1532 HAVENWOOD ROAD.

4-23-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

4-25-53

Druid Ridge

Pikesville, Md.

DATE RECEIVED BY REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

LOCAL REGISTRAR

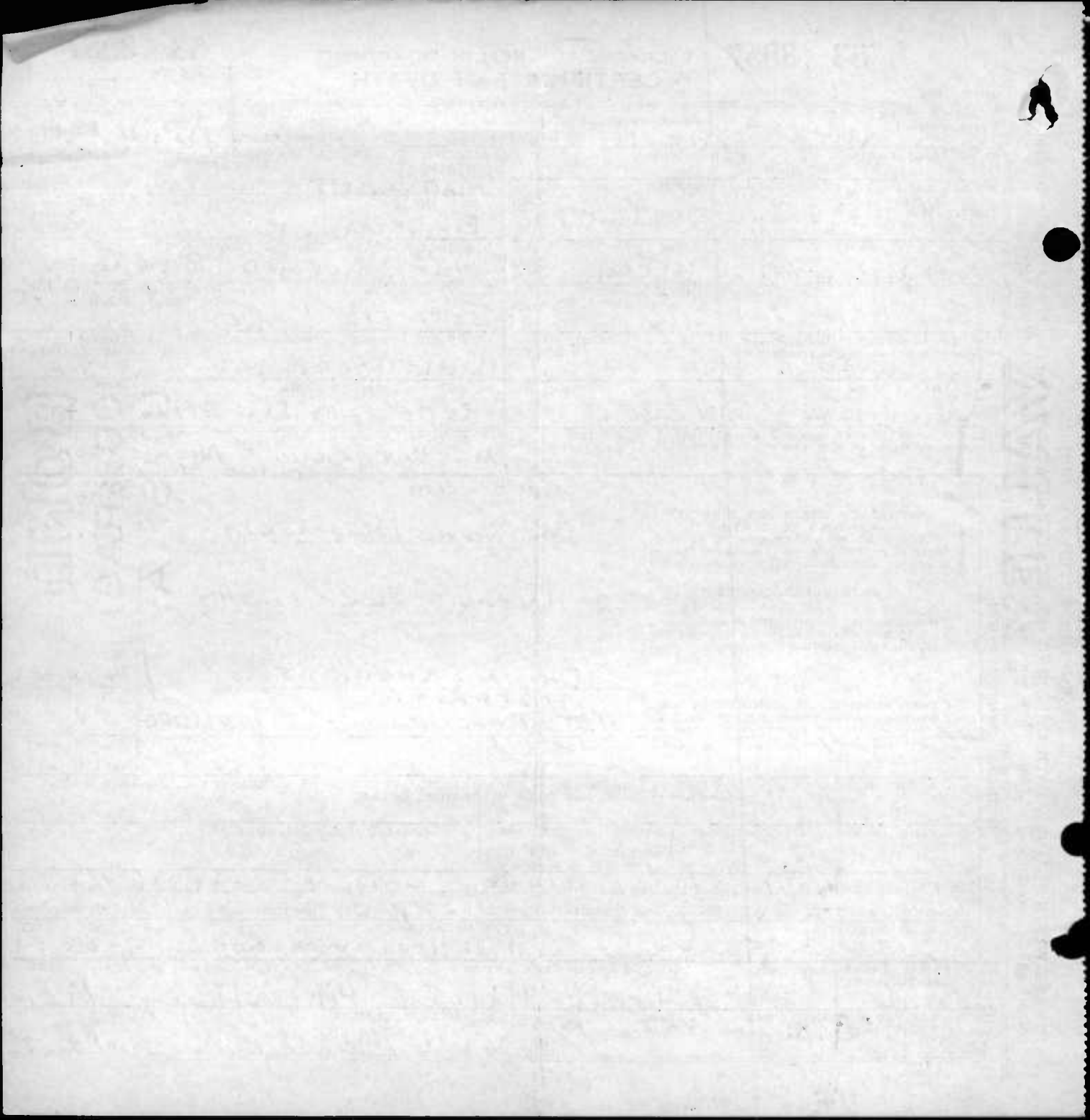
John O. Mitchell + Sons Inc 1900 Eutaw Pl

APR 24 1953

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.



H-400
53 3958BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3958

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MRS. BERTHA ROSE HALE

2. DATE
OF
DEATH

4/24/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNION MEMORIAL HOSP

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

12-02

D. STREET ADDRESS (If rural, give location)

BLACKSTONE APTS.

(Charles + 33 rd)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

SEPT. 20, 1871

9. AGE (In years
last birthday)

81

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSE WIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

OHIO

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

JOHN G. REISER (D)

14. MOTHER'S MAIDEN NAME

FREDERIKA GOYER (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

ROBERT W HALE, Jr. (SON) 6104 BLACKBURN
LANE

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

METASTATIC BONE DISEASE

DUE TO

ANTECEDENT CAUSES

(B)

CARCINOMA BODY OF UTERUS

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-17, 1953, to 4-24, 1953, that I last saw the
deceased alive on 4-24, 1953, and that death occurred at 2:39 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Waverly W. Weybach

M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

4-24-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4 - 27 - 53

24C. NAME OF CEMETERY OR CREMATORY

Fountain Cemetery

24D. LOCATION (City, town, or county)

Fostoria, Ohio

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell & Sons, Inc. - 1900 Eutaw Place

M B Mitchell

CERTIFICATE OF DEATH

IN THE DISTRICT OF COLUMBIA

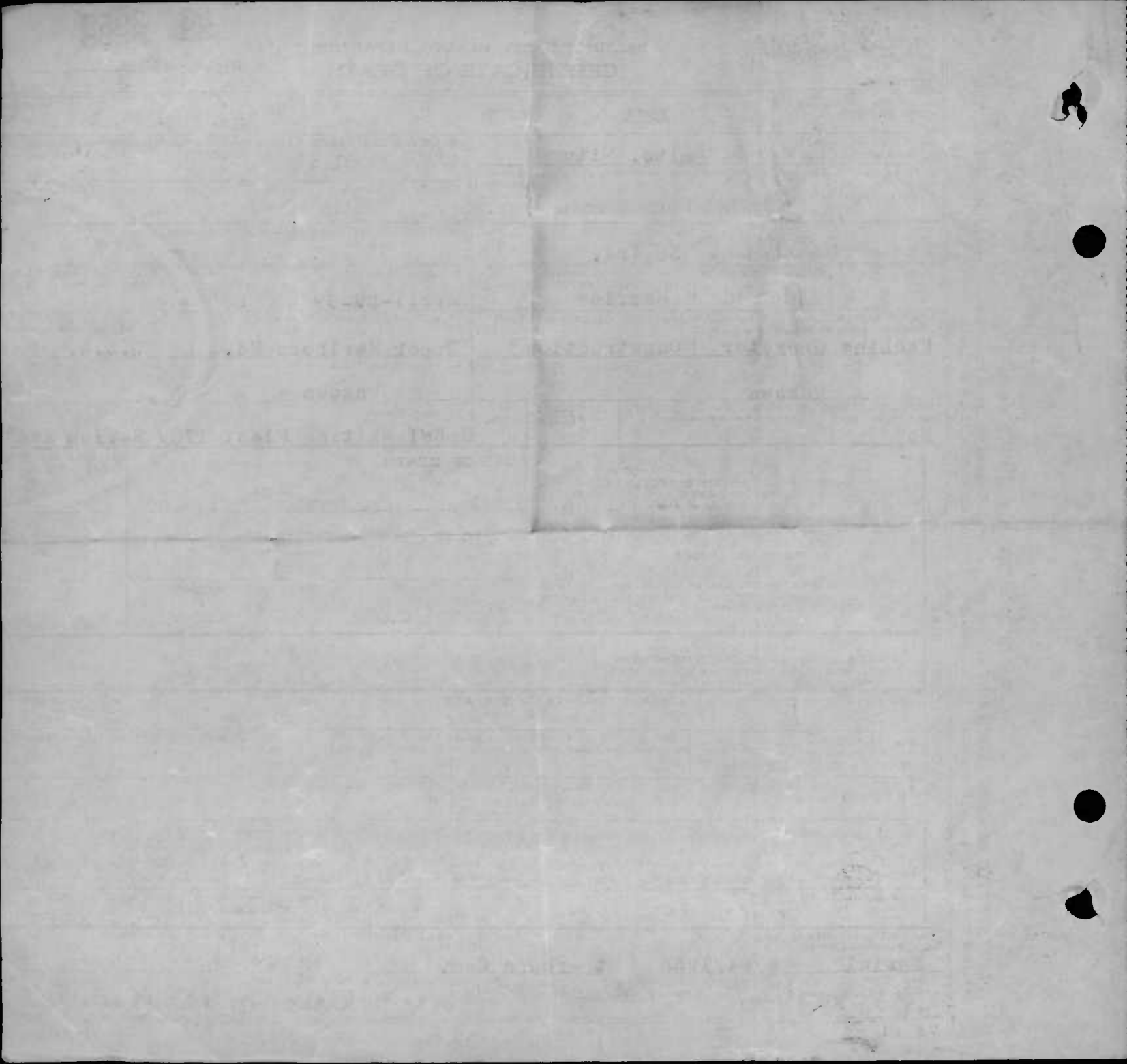
DECEASED
PERSON
COMMON
WILL

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BIRTH NO. 53 430 3959				BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 3959	
1. NAME OF DECEASED (Type or Print) JAMES FLEET				2. DATE OF DEATH Apr. 20, 1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION South Baltimore General Hosp.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore 38 Yrs. Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 1709 W. Harlem Avenue			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April-29-99	9. AGE (In years last birthday) 53	10. Under 1 Year Months: Days:	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator				10B. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) Upper Marlboro Md.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13. FATHER'S NAME Unknown			
14. MOTHER'S MAIDEN NAME Unknown				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			
16. SOCIAL SECURITY NO.				17. INFORMANT ADDRESS Mabel Whiting Fleet 1709 Harlem Ave			
18. 443x CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) (A) Hypertensive cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)				INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
23A. SIGNATURE <i>R. Fisher</i>				23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Apr. 21, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/24/1953		24C. NAME OF CEMETERY OR CREMATORY Mt Arburn Cem.		24D. LOCATION (City, town, or county) (State) Balto. Md	
DATE RECEIVED BY LOCAL REGISTRAR APR 24 1953		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR Eloy O. Wilson 1000 Beauty		ADDRESS md	



L-000
53 3960

53 3960

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

34 yrs,

Yrs.

Mos.

Days

2600 Round R.D.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work in the during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 18, 1953, to April 22, 1953, that I last saw the deceased alive on April 18, 1953, and that death occurred at 1:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

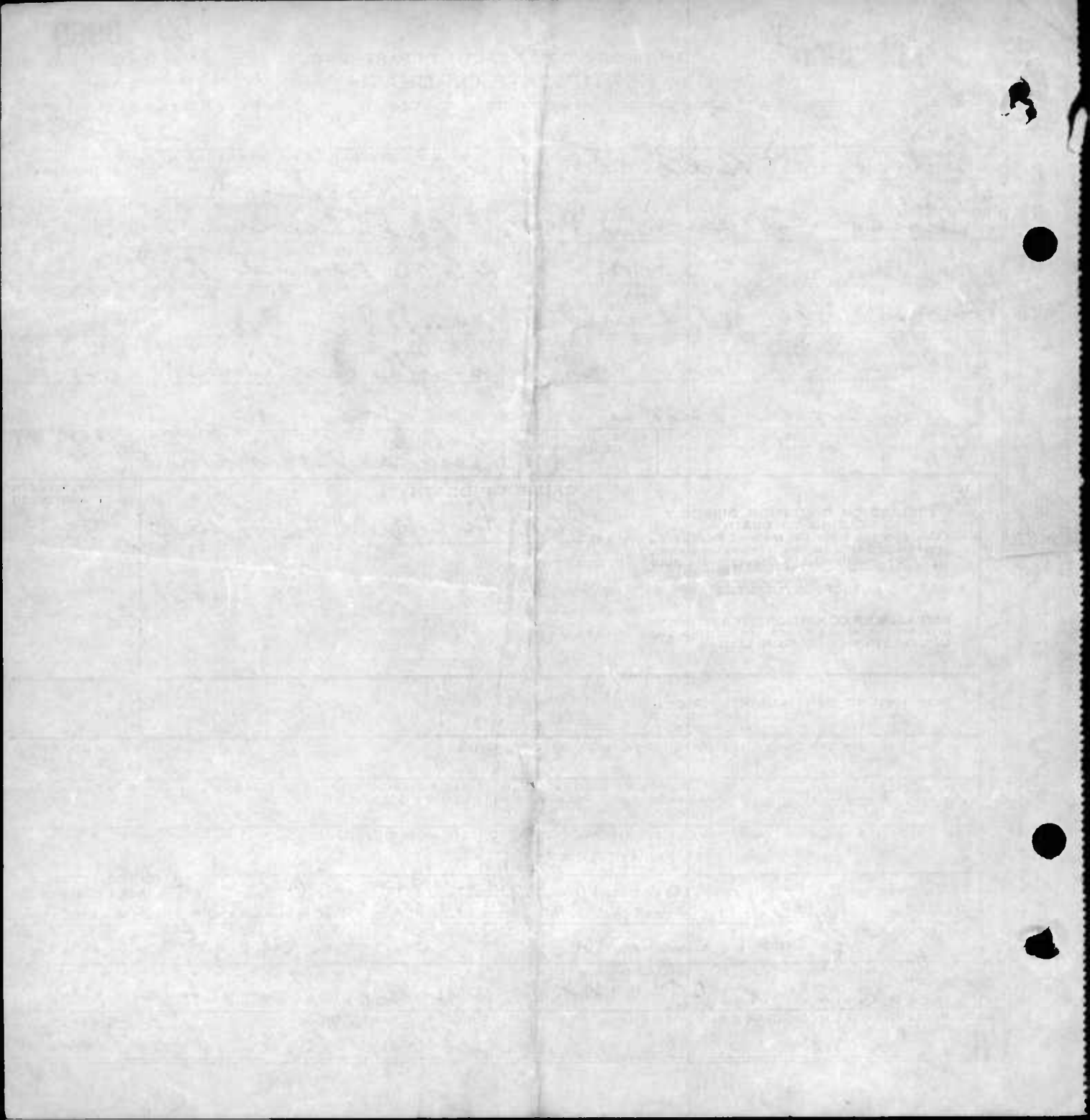
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HAZEL NELLIE

2. DATE
OF
DEATH

4-21-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Pravident Hosp.*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Pravident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

106 E. Pleasant

C. Length of stay in Baltimore

Life

5. SEX

female

6. COLOR OR RACE

ed

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug-18-1881

9. AGE (In years
last birthday)

71

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Jackson Simms

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Daniel Simms 1803 N. Wolfe St

18.

420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CONGESTIVE HEART FAILURE

DUE TO

ANTECEDENT CAUSES

(B) ARTERIOSCLEROTIC HEART DISEASE

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(C) CHRONIC PASSIVE congestion of
LIVEROTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

RAPTURED GASTRIC VARIX

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from March 3, 1953, to April 21, 1953 that I last saw the
deceased alive on April 21, 1953, and that death occurred at 2:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

George Adams

M. D.

23B. ADDRESS

6327 W. Wuth.

23C. DATE SIGNED

4-22-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/25/53

24C. NAME OF CEMETERY OR CREMATORY

Mt Arburn Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Elroy O. Wilson 1111 Pleasant

Continued

CERTIFICATE OF DEATH

IN THE

County of _____
State of _____

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 3962**

BIRTH NO. **53 3962**

1. NAME OF DECEASED
(Type or Print)

RULEY, MARIE A.

2. DATE
OF
DEATH

4/23/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE B. COUNTY before admission)

MARYLAND BALTIMORE

B. FULL NAME OF (If not in hospital or institution, give street address or location)

UNIVERSITY HOSP.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Essex 53-00

D. STREET ADDRESS (If rural, give location)

111 N. STUART ST

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

2/21/96

9. AGE (In years
last birthday)

57

10 Under 1 Year
Months: Days

2 2

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Homemaker

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph France

14. MOTHER'S MAIDEN NAME

Frances Blight

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Jerome Ruley 111 N. Stuart St

ADDRESS

18. **420.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) **Coronary occlusion**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) **Status angina**

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 to 3 hrs

1 yr.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

D.O.A. @ 8:10 P.M.

Relieved by medical examiner

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

John Sharrett

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

4/23/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/27/53

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart

24D. LOCATION (City, town, or county)

German Hill Rd. Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

APR 24 1953

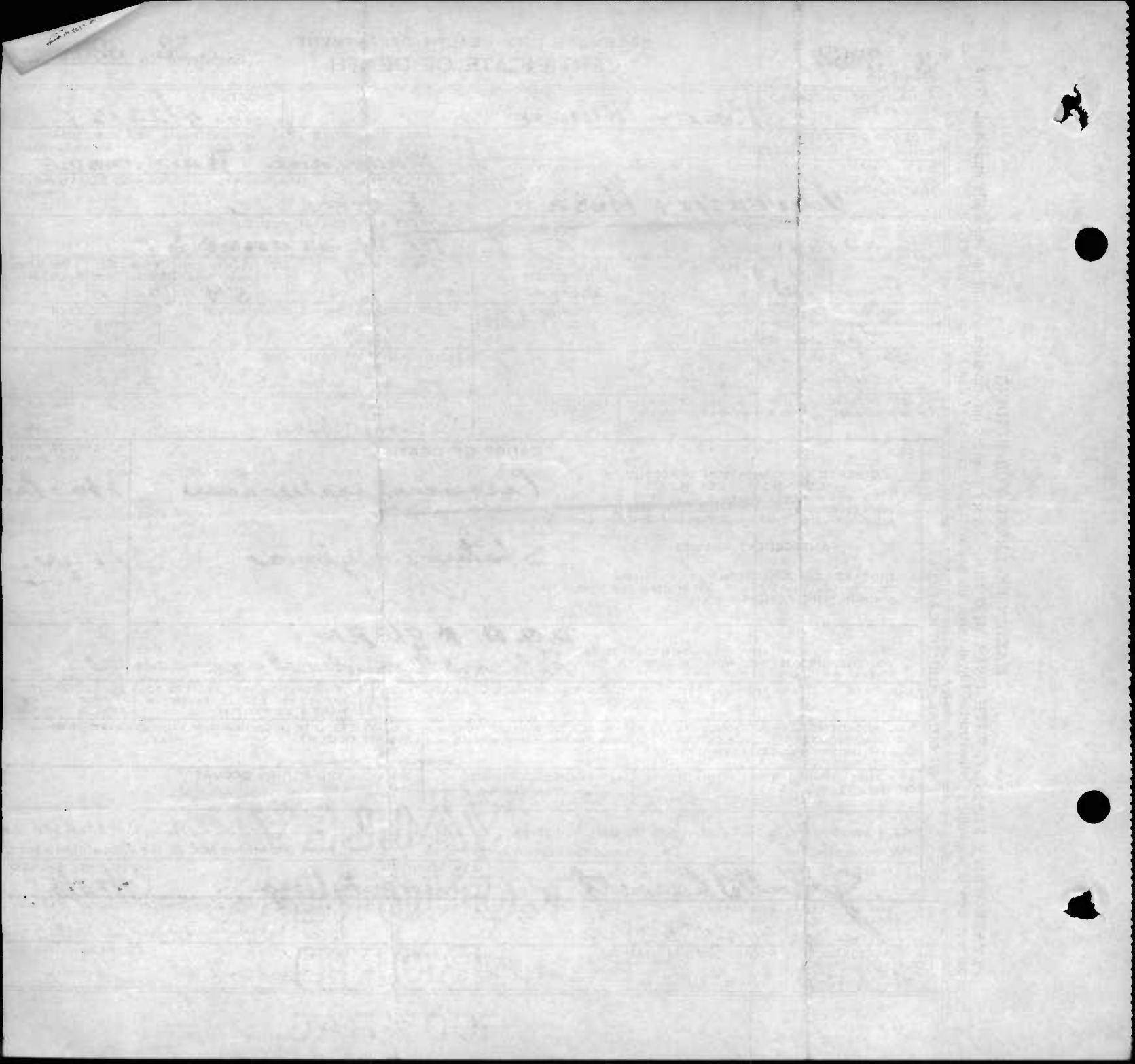
REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

John S. Connelly Esq

ADDRESS



M-254

53 3963

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3963
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Helen Meisenholder</i>			2. DATE OF DEATH <i>April 24 '53</i>		
3. PLACE OF DEATH: <input checked="" type="checkbox"/> Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Baltimore</i>		
8. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-38</i>		
c. Length of stay in Baltimore <i>life</i>			D. STREET ADDRESS (If rural, give location) <i>1318 Walters Ave.</i>		
5. SEX <i>F.</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Nov. 5 '1883</i>	9. AGE (In years last birthday) <i>69</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>AT HOME</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>md.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Seibert Vollmerhausen</i>			14. MOTHER'S MAIDEN NAME <i>Christina Sues</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>1318 Walters</i> <i>Mrs. Catherine Walters</i>		

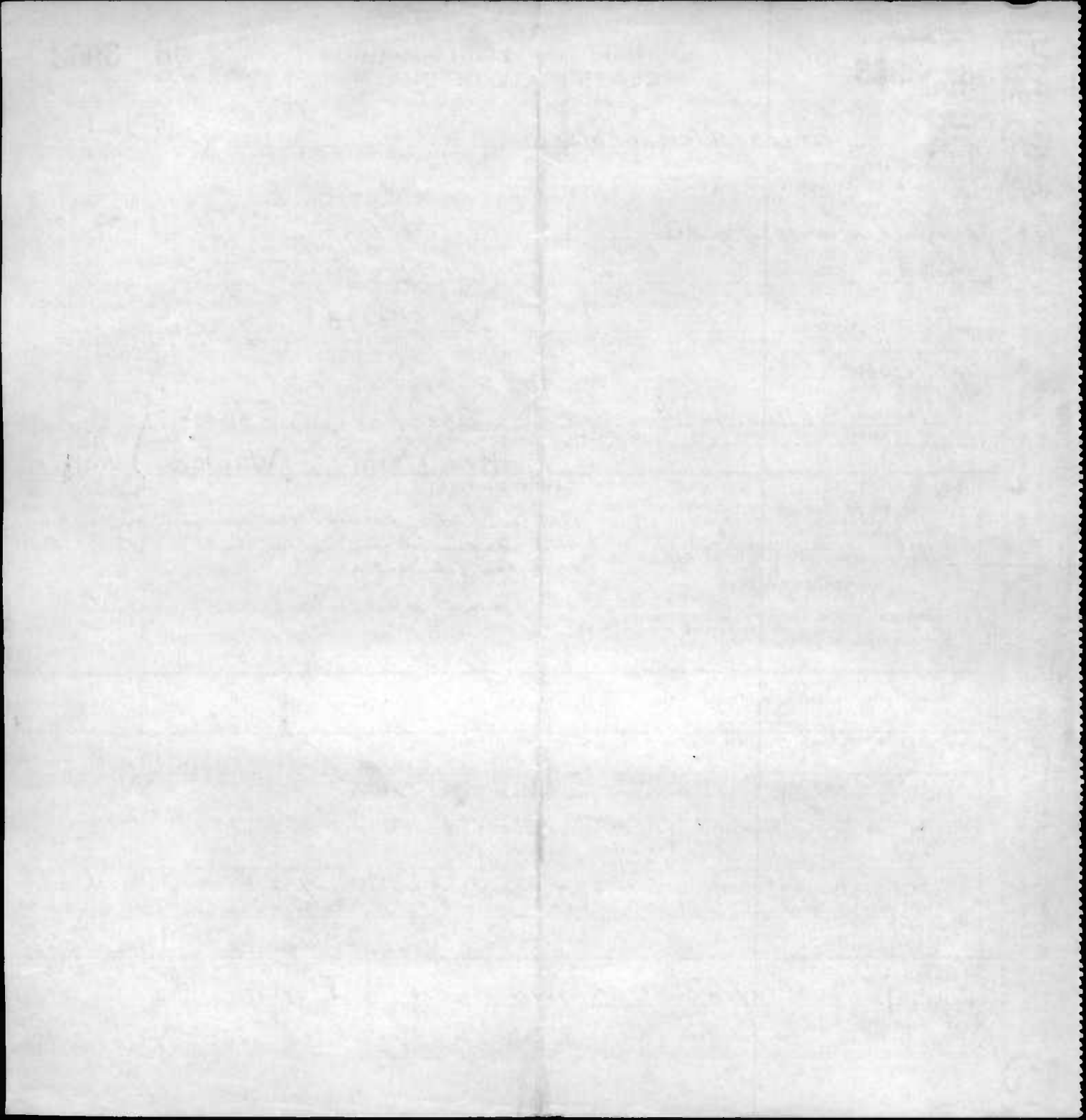
18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH <i>Arteriosclerotic cardiovascular disease with cardiac decompensation and atricular fibrillation</i> (A) DUE TO <i>Pulmonary embolism</i> (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>April 23, 1953</i> , to <i>April 24, 1953</i> , that I last saw the deceased alive on <i>April 24, 1953</i> , and that death occurred at <i>8:20 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Sze-Lui Lin</i>		23B. ADDRESS <i>md. General Hospital</i>		23C. DATE SIGNED <i>April 26 '53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>4-27-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>OAKLAWN CEM.</i>	
24D. LOCATION (City, town, or county) (State) <i>BALTO MD</i>		24E. NAME OF CEMETERY OR CREMATORY <i>BALTO MD</i>		24F. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 24 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>McLennan & Cook</i>	
ADDRESS <i>5305 Bayford Rd</i>					

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



A-536

CERTIFICATE AMENDED 5/5/53 BS

53 3964

53 3964

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles H. Anderson

2. DATE
OF
DEATH

April 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2305 E. Hoffman Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2305 E. Hoffman Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

August 8, 1886

9. AGE (In years
last birthday)

66

10. Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ret. unknown

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Person County, North Carolina

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joel F. Anderson

14. MOTHER'S MAIDEN NAME

Sallie Cornelia Crisp

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

218-61-5519 A

17. INFORMANT

ADDRESS

Miss Marie Kelly, 2305 E. Hoffman Street

18.

155X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(A) DUE TO
(B) DUE TO
(C) DUE TOGeneral Carcinoma of
Cancer of the common bile duct
Hypertension of the
Arteries
Prostatic Hypertrophy

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1-53 to 4-24-53, that I last saw the
deceased alive on 4-22-53 and that death occurred at 9:00 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
removal

24B. DATE

4/24/53

24C. NAME OF CEMETERY OR CREMATORY

Cedar Grove Cemetery

24D. LOCATION (City, town, or county)

Hillsboro, North Carolina

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 24 1953

Huntington Williams, M.D. 217 St. Paul Street

MARGIN RESERVED FOR BINDING

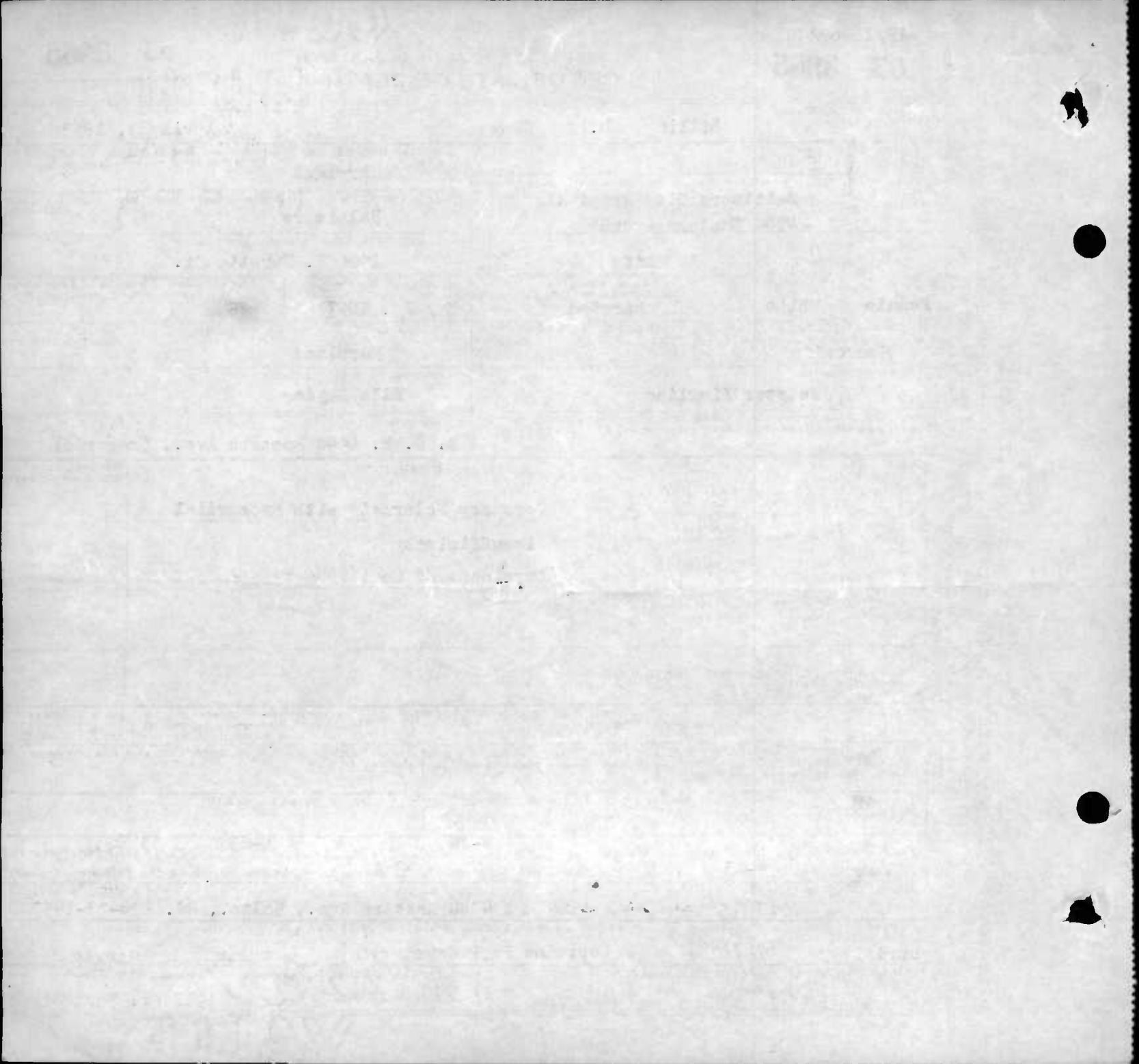
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

See query reply in Document File

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAR/169692		BALTIMORE CITY HEALTH DEPARTMENT		53 3965	
53 3965		CERTIFICATE OF DEATH		Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Lillie W. Hoey		April 23, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-01		D. STREET ADDRESS (If rural, give location) 1904 W. Fayette St.	
c. Length of stay in Baltimore Life		Yrs. Mos. Days			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 25, 1877	9. AGE (In years last birthday) 75	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Webster Yingling		14. MOTHER'S MAIDEN NAME Ella Snyder		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS B. C. H. 4940 Eastern Ave., (records)	
18. 170x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY SCLEROSIS WITH MYOCARDIAL INSUFFICIENCY DUE TO CARCINOMA OF LEFT BREAST ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-20, 1953, to 4-23, 1953, that I last saw the deceased alive on 4-23, 1953, and that death occurred at 3 A. m., from the causes and on the date stated above.					
23A. SIGNATURE H. J. Harrison		23B. ADDRESS M. D. 4940 Eastern Ave., Balto., Md.		23C. DATE SIGNED 4-23-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 4/27/53		24C. NAME OF CEMETERY OR CREMATORY Lorraine Park Cemetery	
24D. LOCATION (City, town, or county) (State) Woodlawn, Maryland		24E. DATE RECEIVED BY LOCAL REGISTRAR 4-24-1953		24F. REGISTRAR'S SIGNATURE Huntington Williams	
24G. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc., 1217 St. Paul Street		24H. VS 150			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT				53 3966		Registered No. 53 3966	
CERTIFICATE OF DEATH							
BIRTH NO. 53 3966				2. DATE OF DEATH Apr. 23-1953			
1. NAME OF DECEASED (Type or Print) Margaret Patzschke				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
3. PLACE OF DEATH: A. Baltimore City, Maryland				A. STATE Md			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-81			
c. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) 3503 Ailsa Ave			
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 2-25-88	
9. AGE (In years last birthday) 65		10. MONTHS Under 1 Year		11. DAYS Under 24 Hours		12. HOURS Under 24 Hours	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10B. KIND OF BUSINESS OR INDUSTRY None			
11. BIRTHPLACE (State or foreign country) Md				12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME Fredrick Krebs				14. MOTHER'S MAIDEN NAME Magdalena Wilhelm			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No				16. SOCIAL SECURITY NO.			
17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL				18. CAUSE OF DEATH			
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				(A) Post. Myocardial Infarction			
ANTECEDENT CAUSES				(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4-20 1953 to 4-23 1953, that I last saw the deceased alive on 4-23 1953, and that death occurred at 12:40 P.m., from the causes and on the date stated above.							
23A. SIGNATURE J. Jolas de Aguiar M. D.				23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 4-23-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE April 27, 53		24C. NAME OF CEMETERY OR CREMATORY Belwood		24D. LOCATION (City, town, or county) (State) Balt Md	
DATE RECEIVED BY LOCAL REGISTRAR APR 24 1953				REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS 6067 Hazford Rd	

TO : DIRECTOR, FBI (100-388610)
FROM : SAC, NEW YORK (100-100000) (P)
SUBJECT: [Illegible]

RE: [Illegible]
[Illegible]

1. [Illegible]
[Illegible]

2. [Illegible]
[Illegible]

3. [Illegible]
[Illegible]

4. [Illegible]
[Illegible]

5. [Illegible]
[Illegible]

6. [Illegible]
[Illegible]

7. [Illegible]
[Illegible]

8. [Illegible]
[Illegible]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 3967**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Margaret*2. DATE
OF
DEATH*4-23-53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE ☒ MARRIED
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10 Under 1 Year
Months Days
11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

010X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4-16*, 19*53*, to *4-23*, 19*53*, that I last saw the
deceased alive on *4-23*, 19*53*, and that death occurred at *4:50 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1907

RECEIVED BY THE DEPARTMENT OF THE ARMY
CENTRAL OFFICE OF THE ARMY

1907



G-420
53 3968

53 3968

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) John Gottlieb GLOSS		2. DATE OF DEATH April 22, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 401 S. FURROW ST.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
c. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 401 S. FURROW ST.	
5. SEX MALE	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 22, 1862
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STOREKEEPER		10B. KIND OF BUSINESS OR INDUSTRY GROCERY	9. AGE (In years last birthday) 90
13. FATHER'S NAME FREDERICK GLOSS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT Mrs. Augusta Piguet		ADDRESS 401 S. FURROW ST.	

18. 42011 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis DUE TO Cardio Vascular Disease DUE TO 2 Grade II Decompensative (C) _____		INTERVAL BETWEEN ONSET AND DEATH 4/21/53 2 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March , 19 38 to 4/22 , 19 53 , that I last saw the deceased alive on 4/21 , 19 53 , and that death occurred at 9 A. m., from the causes and on the date stated above.					
22A. SIGNATURE Eliot W. Johnson		23B. ADDRESS 3432 Federal Ave		23C. DATE SIGNED 4/27/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 4-25-53		24C. NAME OF CEMETERY OR CREMATORY WESTERN CEMETERY	
24D. LOCATION (City, town, or county) (State) Baltimore Md.		25. FUNERAL DIRECTOR George L. Schwab			
DATE RECEIVED BY LOCAL REGISTRAR APR 24 1953		ADDRESS 2101 Frederick Ave.			

8901-68

8902-68

THE UNIVERSITY OF CHICAGO
LIBRARY



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3969

BIRTH NO. 3 3969 53-07946

1. NAME OF DECEASED
(Type or Print)DAVID
BABY BOY MURRAY2. DATE
OF
DEATH

APRIL 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

MERCY HOSPITAL

Yrs.
Mos.
Days

c. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

3806 EVERGREEN AVE.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

APRIL 3, 1953

9. AGE (in years
last birthday)If Under 1 Year
Months: Days

21

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

child

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

RICHARD J. MURRAY

14. MOTHER'S MAIDEN NAME

RITA M. LAVIN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

Father

ADDRESS

SAME

18.

750X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Cardio-respiratory failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TOAnencephaly, Cong.
Abnormalities

(C)

INTERVAL BETWEEN
ONSET AND DEATH

21 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 3, 1953, to April 24, 1953, that I last saw the
deceased alive on April 24, 1953, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Martha Tirone - Antiga M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

4-24-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-25-53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

BalTo Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thunton William, M.D.

25. FUNERAL DIRECTOR

K. J. Ruck

ADDRESS

5305 Harford Rd

STATE OF CALIFORNIA
CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF BIRTH		5. PLACE OF BIRTH	
6. OCCUPATION		7. MARITAL STATUS		8. CAUSE OF DEATH		9. MANNER OF DEATH		10. PLACE OF DEATH	
11. SIGNATURE OF DECEASED		12. SIGNATURE OF WITNESS		13. SIGNATURE OF PHYSICIAN		14. SIGNATURE OF CORONER		15. SIGNATURE OF JUDGE	
16. SIGNATURE OF CLERK		17. SIGNATURE OF REGISTRAR		18. SIGNATURE OF SHERIFF		19. SIGNATURE OF SHERIFF'S CLERK		20. SIGNATURE OF SHERIFF'S DEPUTY	
21. SIGNATURE OF SHERIFF'S DEPUTY		22. SIGNATURE OF SHERIFF'S DEPUTY		23. SIGNATURE OF SHERIFF'S DEPUTY		24. SIGNATURE OF SHERIFF'S DEPUTY		25. SIGNATURE OF SHERIFF'S DEPUTY	
26. SIGNATURE OF SHERIFF'S DEPUTY		27. SIGNATURE OF SHERIFF'S DEPUTY		28. SIGNATURE OF SHERIFF'S DEPUTY		29. SIGNATURE OF SHERIFF'S DEPUTY		30. SIGNATURE OF SHERIFF'S DEPUTY	
31. SIGNATURE OF SHERIFF'S DEPUTY		32. SIGNATURE OF SHERIFF'S DEPUTY		33. SIGNATURE OF SHERIFF'S DEPUTY		34. SIGNATURE OF SHERIFF'S DEPUTY		35. SIGNATURE OF SHERIFF'S DEPUTY	
36. SIGNATURE OF SHERIFF'S DEPUTY		37. SIGNATURE OF SHERIFF'S DEPUTY		38. SIGNATURE OF SHERIFF'S DEPUTY		39. SIGNATURE OF SHERIFF'S DEPUTY		40. SIGNATURE OF SHERIFF'S DEPUTY	
41. SIGNATURE OF SHERIFF'S DEPUTY		42. SIGNATURE OF SHERIFF'S DEPUTY		43. SIGNATURE OF SHERIFF'S DEPUTY		44. SIGNATURE OF SHERIFF'S DEPUTY		45. SIGNATURE OF SHERIFF'S DEPUTY	
46. SIGNATURE OF SHERIFF'S DEPUTY		47. SIGNATURE OF SHERIFF'S DEPUTY		48. SIGNATURE OF SHERIFF'S DEPUTY		49. SIGNATURE OF SHERIFF'S DEPUTY		50. SIGNATURE OF SHERIFF'S DEPUTY	
51. SIGNATURE OF SHERIFF'S DEPUTY		52. SIGNATURE OF SHERIFF'S DEPUTY		53. SIGNATURE OF SHERIFF'S DEPUTY		54. SIGNATURE OF SHERIFF'S DEPUTY		55. SIGNATURE OF SHERIFF'S DEPUTY	
56. SIGNATURE OF SHERIFF'S DEPUTY		57. SIGNATURE OF SHERIFF'S DEPUTY		58. SIGNATURE OF SHERIFF'S DEPUTY		59. SIGNATURE OF SHERIFF'S DEPUTY		60. SIGNATURE OF SHERIFF'S DEPUTY	
61. SIGNATURE OF SHERIFF'S DEPUTY		62. SIGNATURE OF SHERIFF'S DEPUTY		63. SIGNATURE OF SHERIFF'S DEPUTY		64. SIGNATURE OF SHERIFF'S DEPUTY		65. SIGNATURE OF SHERIFF'S DEPUTY	
66. SIGNATURE OF SHERIFF'S DEPUTY		67. SIGNATURE OF SHERIFF'S DEPUTY		68. SIGNATURE OF SHERIFF'S DEPUTY		69. SIGNATURE OF SHERIFF'S DEPUTY		70. SIGNATURE OF SHERIFF'S DEPUTY	
71. SIGNATURE OF SHERIFF'S DEPUTY		72. SIGNATURE OF SHERIFF'S DEPUTY		73. SIGNATURE OF SHERIFF'S DEPUTY		74. SIGNATURE OF SHERIFF'S DEPUTY		75. SIGNATURE OF SHERIFF'S DEPUTY	
76. SIGNATURE OF SHERIFF'S DEPUTY		77. SIGNATURE OF SHERIFF'S DEPUTY		78. SIGNATURE OF SHERIFF'S DEPUTY		79. SIGNATURE OF SHERIFF'S DEPUTY		80. SIGNATURE OF SHERIFF'S DEPUTY	
81. SIGNATURE OF SHERIFF'S DEPUTY		82. SIGNATURE OF SHERIFF'S DEPUTY		83. SIGNATURE OF SHERIFF'S DEPUTY		84. SIGNATURE OF SHERIFF'S DEPUTY		85. SIGNATURE OF SHERIFF'S DEPUTY	
86. SIGNATURE OF SHERIFF'S DEPUTY		87. SIGNATURE OF SHERIFF'S DEPUTY		88. SIGNATURE OF SHERIFF'S DEPUTY		89. SIGNATURE OF SHERIFF'S DEPUTY		90. SIGNATURE OF SHERIFF'S DEPUTY	
91. SIGNATURE OF SHERIFF'S DEPUTY		92. SIGNATURE OF SHERIFF'S DEPUTY		93. SIGNATURE OF SHERIFF'S DEPUTY		94. SIGNATURE OF SHERIFF'S DEPUTY		95. SIGNATURE OF SHERIFF'S DEPUTY	
96. SIGNATURE OF SHERIFF'S DEPUTY		97. SIGNATURE OF SHERIFF'S DEPUTY		98. SIGNATURE OF SHERIFF'S DEPUTY		99. SIGNATURE OF SHERIFF'S DEPUTY		100. SIGNATURE OF SHERIFF'S DEPUTY	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-520 CERTIFICATE CORRECTED				BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 53 3970	
BIRTH NO. 53 3970				53-05427 CERTIFICATE OF DEATH			
1. NAME OF DECEASED (Type or Print) ALFRED E. THOMAS				2. DATE OF DEATH Apr. 23, 1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 12-01			
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital				C. CITY OR TOWN (If outside corporate limits, write rural, and give township) Baltimore			
D. STREET ADDRESS (If rural, give location) 2121 N. Howard St.							
c. Length of stay in Baltimore Yrs. Mos. Days							
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH March 6, 1953		9. AGE (in years last birthday) 1 mo.	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Charles Thomas			14. MOTHER'S MAIDEN NAME Sarah Whiting				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Sarah Thomas		ADDRESS		
18. 391.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Septicemia DUE TO Purulent otitis media, bilateral				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
23A. SIGNATURE R. Fisher				23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Apr. 23, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Apr. 25/53		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem.		24D. LOCATION (City, town, or county) (State) A. A. County Md	
DATE RECEIVED BY LOCAL REGISTRAR 4823		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Mrs. H. A. Elliott & Daughter		ADDRESS 1129 N. Caroline St.	

33 3850

33 3850

OFFICE OF THE ATTORNEY GENERAL
STATE OF NEW YORK



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3971
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES W BYERLY

2. DATE
OF
DEATH

4/24/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

Md.

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Calomiel Nursing Home.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

D. STREET ADDRESS (If rural, give location)

2513 The Henry St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married.

8. DATE OF BIRTH

Dec 12, 1861

9. AGE (In years
last birthday)

91

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Mechanic

10b. KIND OF BUSINESS OR
INDUSTRY

Balto Transit Co

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

—

14. MOTHER'S MAIDEN NAME

—

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

—

17. INFORMANT

ADDRESS

Betha F. Byerly 1014 E North Ave

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) ACUTE PULMONARY
DUE TO EDEMA

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ARTERIO-SCLEROTIC CARDIO-
DUE TO VASCULAR DISEASE

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1, 1953 to 4/24, 1953 that I last saw the deceased alive on 4/24, 1953 and that death occurred at 7:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE

John H. Shaw

M. D.

23b. ADDRESS

701 Charing Cross Rd.

23c. DATE SIGNED

4/24/53

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

4/27/53

24c. NAME OF CEMETERY OR CREMATORY

Western Cem.

24d. LOCATION (City, town, or county)

Colman Ave.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr John Shaw.

701 Shaving House Rd.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3972

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William H. Zimmer

2. DATE
OF
DEATH

April 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

Twilight Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

1913 Eutaw Place

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore, Md.

D. STREET ADDRESS (If rural, give location)

710 Hamburg Street

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Jan. 28, 1884

9. AGE (In years
last birthday)

69

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Louis Zimmer

14. MOTHER'S MAIDEN NAME

Mary ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT Middle River ADDRESS

Mrs. Margaret Henry, 196 Kingston Pk.

18.

150X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CARCINOMA OF ESOPHAGUS

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

sev mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 19 51, that I last saw the
deceased alive on Apr. 15 19 53, and that death occurred at 10:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

2431 MARYLAND AVENUE

4-24-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

Apr. 25, 1953

24C. NAME OF CEMETERY OR CREMATORY

Mr. Olivet Cemetry

24D. LOCATION (City, town, or county)

Frederick Rd. Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

David R. Martin, 1902 Eutaw Place

VS 150

97099 David R. Martin

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

FILE NO. 100-100000

NAME OF DECEASED: [illegible]

DATE OF DEATH: [illegible]

PLACE OF DEATH: [illegible]

AGE: [illegible]

SEX: [illegible]

RACE: [illegible]

EDUCATION: [illegible]

OCCUPATION: [illegible]

CAUSE OF DEATH: [illegible]

IMMEDIATE CAUSE: [illegible]

UNDERLYING CAUSE: [illegible]

PERMANENT CAUSE: [illegible]

DATE OF BIRTH: [illegible]

PLACE OF BIRTH: [illegible]

DATE OF MARRIAGE: [illegible]

PLACE OF MARRIAGE: [illegible]

DATE OF DEATH: [illegible]

PLACE OF DEATH: [illegible]

AGE: [illegible]

SEX: [illegible]

RACE: [illegible]

EDUCATION: [illegible]

OCCUPATION: [illegible]

CAUSE OF DEATH: [illegible]

IMMEDIATE CAUSE: [illegible]

UNDERLYING CAUSE: [illegible]

PERMANENT CAUSE: [illegible]

DATE OF BIRTH: [illegible]

PLACE OF BIRTH: [illegible]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3973
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANCES BURBRIDGE SETH

2. DATE OF DEATH
April 22, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

4511 Windsor Mill Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
4511 Windsor Mill Rd.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 2, 1880

9. AGE (In years last birthday)

72

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

never worked

10B. KIND OF BUSINESS OR INDUSTRY

--

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

T. Alexander Seth

14. MOTHER'S MAIDEN NAME

Catherine L. Seth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Mrs. Robert Waidner - 4511 Windsor Mill Rd

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cardio vascular disease**

DUE TO **Cerebral hemorrhage and paralysis Jan. 7, 1953**

about 2 years

ANTECEDENT CAUSES

(B) **advanced arterio sclerosis**

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Jan. 8, 1953** to **Apr. 21, 1953** that I last saw the deceased alive on **Apr. 21, 1953**, and that death occurred at **5:10pm**, from the causes and on the date stated above.

23A. SIGNATURE

Harold Drubler

M. D.

23B. ADDRESS

2220 Garrison Blvd.

23C. DATE SIGNED

4/24/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/25/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Tichner & Sons

ADDRESS

Balto. 17, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3974

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

EMMA JOHANNA SOPHIA HUGHES

2. DATE
OF
DEATH

April 22, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

29 E. North Ave.

Md.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

29 E. North Ave.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Aug. 24, 1884

9. AGE (In years last birthday)

68

10. Under 1 Year Months Days Hours Mins.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Owner

10B. KIND OF BUSINESS OR INDUSTRY

Confectionery Store

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Christian Doebereiner

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT ADDRESS
Mr. Raymond L. Hughes, Jr. - 2815 Guilford Ave.

18.

443 x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Stokes-Adams syndrome**

DUE TO

About 1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Chronic myocarditis, hypertension**

DUE TO

Several years

(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Apr. 16, 1953** to **Apr. 22, 1953**, that I last saw the deceased alive on **Apr. 22, 1953**, and that death occurred at **9.30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

23B. ADDRESS

31 E. North Avenue

23C. DATE SIGNED

4/25/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/25/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

ADDRESS

[Signature]
2906 A
Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

1934

53 3034

REPORTED BY

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

RACE

EDUCATION

OCCUPATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 53 3975

BIRTH NO. 53 3975

1. NAME OF DECEASED (Type or Print) <u>Thomas Gittings Buchanan</u>			2. DATE OF DEATH <u>Apr 24 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>Md</u> B. COUNTY <u>11-00</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>909 Cathedral St</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore <u>Life</u>			D. STREET ADDRESS (If rural, give location) <u>909 Cathedral St</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb 14 1877</u>	9. AGE (in years last birthday) <u>76</u>	If Under 1 Year Months: Days Hours: Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance</u>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Balto Md</u>
13. FATHER'S NAME <u>James Hollis Buchanan</u>			14. MOTHER'S MAIDEN NAME <u>Henrietta Gittings</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>Yes Spanish-American</u>			16. SOCIAL SECURITY NO.		17. INFORMANT <u>Wife</u> ADDRESS <u>Same</u>

18. <u>420.11</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Arteriosclerosis</u>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1947</u> , 19 <u> </u> , to <u>April 24</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>April 24</u> , 19 <u>53</u> , and that death occurred at <u>9:30 P. M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>D. B. Buch</u>		23B. ADDRESS <u>18 E. Egan St</u>		23C. DATE SIGNED <u>April 24, 53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Apr. 27/53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Green Mount</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>APR 25 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR <u>H. Jenkins & Sons Co 4905 York Rd.</u> ADDRESS	

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF HEALTH
CENTRE FOR DISEASE CONTROL

11

DATE

TIME

LOCATION

NAME

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

RESIDENCE

DATE OF BIRTH

DATE OF DEATH

CAUSE OF DEATH

DIAGNOSIS

TREATMENT

PROGNOSIS

REMARKS

SIGNATURE

PRINTED NAME

ADDRESS

CITY

STATE

ZIP

PHONE

FAX

TELETYPE

TELEFAX

INTERNET

EMAIL

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3976**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LINSAY T. WATERS

2. DATE
OF
DEATH

APR. 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

BALTIMORE CITY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

UNION MEMORIAL HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

225 W. LANVALE ST.

c. Length of stay in Baltimore

LIFE

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

DEC. 13, 1895

9. AGE (In years last birthday)

57

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

SEYMOUR T. WATERS

14. MOTHER'S MAIDEN NAME

MARY IRWIN DONALDSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

JULIA ROBINSON

ADDRESS
**1205 BOLTON ST
CITY 17**

18.

170X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

PNEUMONITIS

INTERVAL BETWEEN ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

PULMONARY AND GENERALIZED CARCINOMATOSES

UNKNOWN

DUE TO

ADENOCARCINOMA OF RIGHT BREAST

3 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **MAR. 24, 1953** to **APR. 23, 1953** that I last saw the deceased alive on **APR. 23, 1953**, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

E. E. J. J. J. J.

M. D.

23B. ADDRESS

UNION MEMORIAL HOS P.

23C. DATE SIGNED

APR. 23, '53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

4-25-1953

24C. NAME OF CEMETERY OR CREMATORY

GREENMOUNT

24D. LOCATION (City, town, or county)

BALTIMORE

(State)

MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

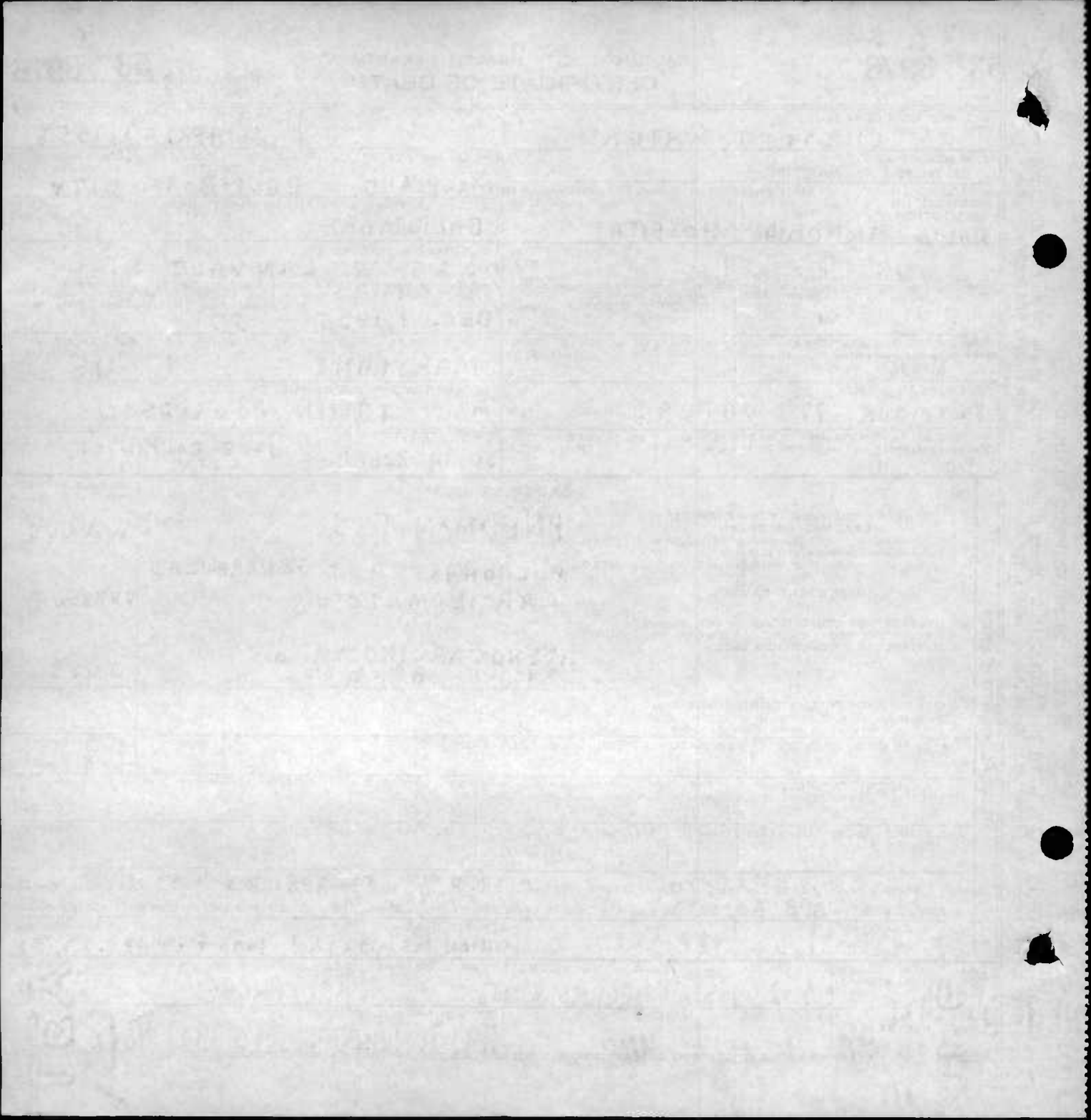
25. FUNERAL DIRECTOR

ADDRESS

APR 25 1953

H. W. JENKINS & SONS CO.

4905 YORK RD



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

500
53 3977

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3977
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLARA F. GAHM

2. DATE
OF
DEATH

Apr. 22, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

5006 Crosswood Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5006 Crosswood Avenue

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 30, 1889

9. AGE (In years last birthday)

63

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Augustus P. Dolby

14. MOTHER'S MAIDEN NAME

Annie E. Seifert

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT 5006 Crosswood Avenue - 14
Mr. George W. Gahm

18.

170X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH

left
Carcinoma, breast and lung

INTERVAL BETWEEN ONSET AND DEATH

approx
2+ years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Atherosclerosis

19A. DATE OF OPERATION

12/26/51

19B. MAJOR FINDINGS OF OPERATION

Carcinoma, breast, with metastasis

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Dec 23, 1951, to April 22, 1953 that I last saw the deceased alive on April 22, 1953, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

22A. SIGNATURE

Charles V. Sewell

23B. ADDRESS

5101 Belair Rd

23C. DATE SIGNED

4/24/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

4/25/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 13, MD.

VS 150

Geo. F. Sander

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 3978

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Allie Douglass2. DATE
OF DEATHAug. 22, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hosp.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

539 Longwood St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

Married

8. DATE OF BIRTH

Aug. 6, 1908

9. AGE (In years last birthday)

44

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Staplers

10B. KIND OF BUSINESS OR INDUSTRY

Restaurant

11. BIRTHPLACE (State or foreign country)

Lawrenceburg, K.C.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

William Covington

14. MOTHER'S MAIDEN NAME

Emma

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

George Douglass

ADDRESS

539 Longwood St.

18.

443X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Congestive heart failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Myocarditis

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.Hypertensive cardiovascular disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-22, 1953, to 4-22, 1953 that I last saw the deceased alive on 4-22, 1953, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

C. Campbell

M. D.

23B. ADDRESS

718 Dolphin St.

23C. DATE SIGNED

4-24-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial Apr. 25, 1953Mt. AuburnBaltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 25 1953Huntington Williams, M.D.1631 Druid Hill Ave.Home

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1. NAME OF DECEASED (Type or Print) MATT NISKALA		2. DATE OF DEATH Apr. 23, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2100 E. Pratt St.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 622 S. Ponca Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9/1/1902
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipbuilder		10B. KIND OF BUSINESS OR INDUSTRY Shipbuilding	9. AGE (In years last birthday) 50 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) Finland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Matt Niskala		14. MOTHER'S MAIDEN NAME Lisa Maliniemi	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 213-07-3854	
17. INFORMANT John Niskala		ADDRESS Morrell Ave. Grand River, Ohio	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary artery sclerosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Coronary artery sclerosis INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE J. P. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> M.D. Apr. 23, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY White Haven Ohio	24D. LOCATION (City, town, or county) (State) Cleveland
DATE RECEIVED BY LOCAL REGISTRAR APR 25 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm Cook Inc. ADDRESS 1217 St. Paul St.	

0780 24

RECEIVED BY THE DIRECTOR

OFFICE OF THE DIRECTOR

0780

0780 24

0780 24

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3980

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) ANDREW A. DERDA		2. DATE OF DEATH APRIL 23, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTO. MD.		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 2-02	
c. Length of stay in Baltimore 62 Yrs. Months Days		D. STREET ADDRESS (If rural, give location) 1723 Gough ST.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 26, 1891
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GAURD		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years, last birthday) 62
13. FATHER'S NAME JAMES DERDA		11. BIRTHPLACE (State or foreign country) MARYLAND	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) YES		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. 215-12-3737		14. MOTHER'S MAIDEN NAME _____	
17. INFORMANT MARIE DERDA		ADDRESS 1723 Gough ST.	

1B. 470.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH Coronary Thrombosis
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	Coronary sclerosis

**II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Dec 1952 , to 4/17, 1953 , that I last saw the deceased alive on 4/17, 1953 , and that death occurred at 3 m., from the causes and on the date stated above.				
23A. SIGNATURE Charles J. Blazek		23B. ADDRESS 101 E. Biddle St		23C. DATE SIGNED 4/24/53

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE APRIL 22, 1953	24C. NAME OF CEMETERY OR CREMATORY ST. STANISLAUS	24D. LOCATION (City, town, or county) (State) BALTIMORE MD.
DATE RECEIVED BY LOCAL REGISTRAR APR 25 1953		25. FUNERAL DIRECTOR B. DABROWSKI ADDRESS 2818 E. BALTIMORE ST.	

VS 150

763 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

D-630
53 3980

0210 12

RECEIVED BY THE SECRETARY OF THE

DEPARTMENT OF BEACON

0210

12

53 3981

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3981
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John B. Williams

2. DATE
OF
DEATH Apr. 24, 19533. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location
INSTITUTION

5105 Walther Blvd.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

Baltimore

27-01

D. STREET ADDRESS (If rural, give location)

5105 Walther Blvd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Apr. 25, 1880

9. AGE (In years
last birthday)

72

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Steamfitter

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John B. Williams

14. MOTHER'S MAIDEN NAME

Henrietta Butler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS Blvd.
Mrs. Grace C. Williams, 5105 Walther

18. 290.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Pericardial Anemia

3 years

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19, to 4-24-1953, that I last saw the
deceased alive on 4-16-1953, and that death occurred at 8 P M., from the causes and on the date stated above.

23A. SIGNATURE

C. W. Peake

23B. ADDRESS

M. D.

4508 Harford Rd.

23C. DATE SIGNED

4-25-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-27-53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

APR 26 1953

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Leonard J. Ruck, 5305 Harford Road.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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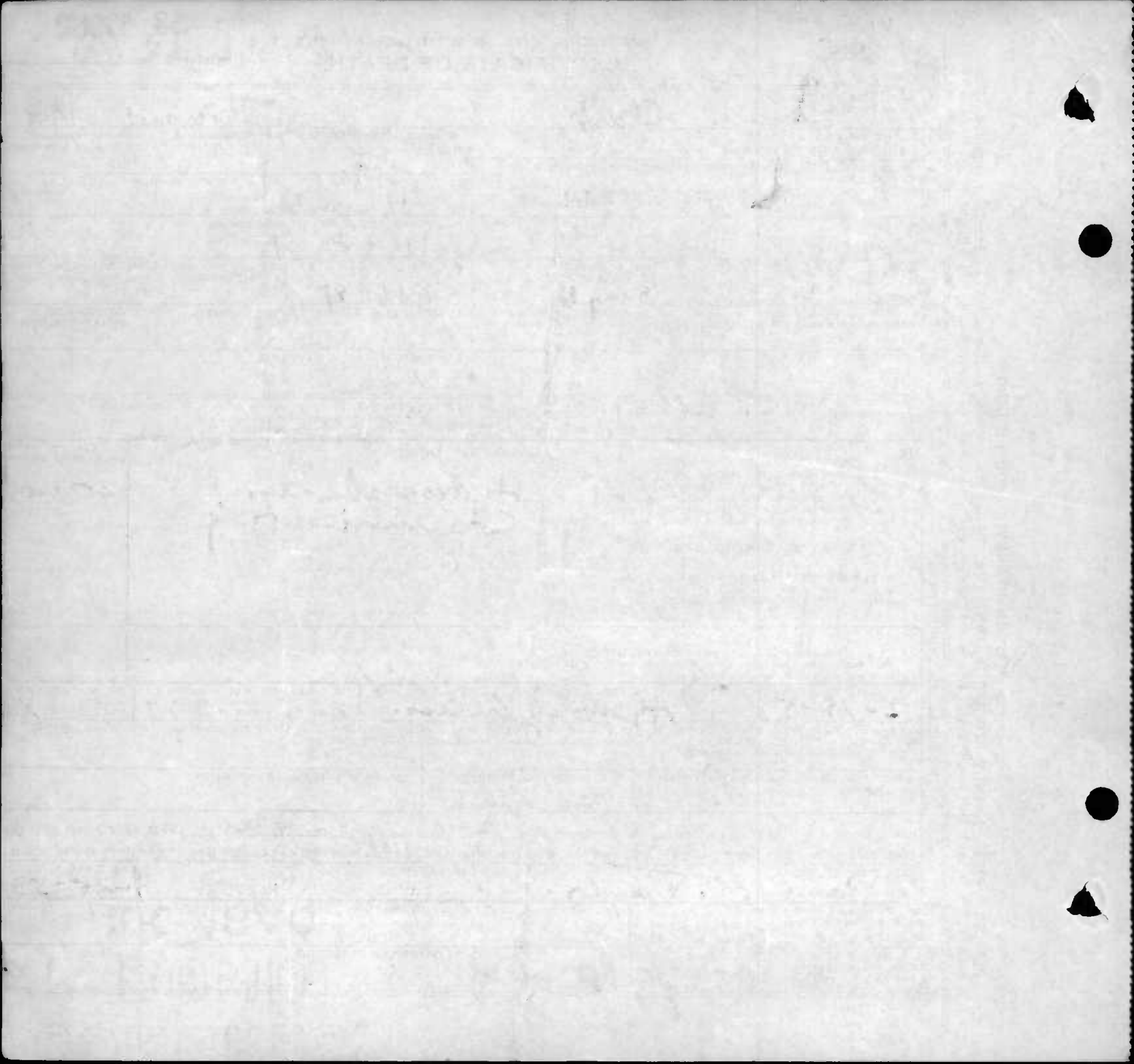
1881

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BIRTH NO. <i>100 Res.</i>		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 3982 Registered No.	
1. NAME OF DECEASED (Type or Print) <i>Lucinda Clark / CLARK</i>			2. DATE OF DEATH <i>April 25, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution / residence before admission) A. STATE <i>Ind.</i> B. COUNTY <i>Washington</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Hagerstown 21-03</i>		
c. Length of stay in Baltimore <i>2 mo</i>			D. STREET ADDRESS (If rural, give location) <i>11 4th St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>7-16-51</i>		9. AGE (In years last birthday) <i>1</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Unemp.</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>></i>			14. MOTHER'S MAIDEN NAME <i>Anna</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		
18. <i>344-1 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hydrocephalus Communicating</i>			CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>20 mos.</i>
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>2-19-53</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>Hydrocephalus</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2-10</i> , 1953, to <i>4-25</i> , 1953, that I last saw the deceased alive on <i>4-25</i> , 1953, and that death occurred at <i>4:05 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Paul M. Taylor</i>			23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>4-25-53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/28/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Bowman</i>		24D. LOCATION (City, town, or county) (State) <i>Bowman Ind.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 26 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>2503 Edmond Ave</i>	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

525

53 3983

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3983
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		L. Walter Jenkins		April 24, 1953	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
A. Baltimore City, Maryland		A. STATE Maryland			
B. FULL NAME OF (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
1641 Gorsuch Avenue		Baltimore 9-07			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
Yrs. Mos. Days		1641 Gorsuch Avenue			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days
male	white	married	May 16, 1891	61	11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Ship Carpenter		Hofman Co.	Baltimore, Maryland		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
William W. Jenkins		Ella ?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		
(If yes, give war or dates of service)			Mrs. Annie E. Jenkins, 1641 Gorsuch		
18. CAUSE OF DEATH					INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
(A) Coronary Occlusion					5 hours
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
(B) Chronic Myocarditis					3 years
(C) Chronic Valvular Endocarditis					5 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
None				YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
		None			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
None					
22. I hereby certify that I attended the deceased from April 5, 1953, to 4/24, 1953, that I last saw the deceased alive on 4-24, 1953, and that death occurred at 4 m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
J. E. Gordy		5106 Harford Road		4/24/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		4-27-53		Moreland Mem. Park	
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Baltimore, Maryland		Leonard J. Ruck		535 Harford Road.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
APR 26 1953		Huntington Williams, M.D.		Leonard J. Ruck, 535 Harford Road.	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 3984

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Miller, Henry Martin

2. DATE
OF
DEATH

4-24-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Franklin Square
Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 20-01

D. STREET ADDRESS (If rural, give location)

102 N. Wheeler Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2/19/1884

9. AGE (In years
last birthday)

69

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Agent

10B. KIND OF BUSINESS OR
INDUSTRY

United Ins. Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry H. Miller

14. MOTHER'S MAIDEN NAME

Mary Hittler

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.

212-01-8098

17. INFORMANT

ADDRESS

ELEANOR A. MILLER, 102 WHEELER AVE

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebro-Vascular accident

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hyp. C.V. disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 4/24, 1953, to 4/24, 1953 that I last saw the
deceased alive on 4/24, 1953, and that death occurred at 4:46 pm., from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. J. Schmitt

M. D.

23B. ADDRESS

Franklin Square Hospital

23C. DATE SIGNED

4/24/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-27-53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

Geo. L. Schwab 2101 Frederick Ave.

STATE OF TEXAS
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1901

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

COLOR

EDUCATION

RELIGION

OCCUPATION

RESIDENCE

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

RELIGION

OCCUPATION

RESIDENCE

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

RELIGION

OCCUPATION

RESIDENCE

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

RELIGION

OCCUPATION

RESIDENCE

2005

BATON ROUGE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1901908

53 3986

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3986
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Oscar Smullian</i>			2. DATE OF DEATH <i>April 24, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 15-10</i>		
C. Length of stay in Baltimore <i>55 yrs</i>			D. STREET ADDRESS (If rural, give location) <i>3966 Penhurst Avenue</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>1893</i>		9. AGE (In years last birthday) <i>60</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>optometrist</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>-</i>	11. BIRTHPLACE (State or foreign country) <i>Ireland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>William Smullian</i>			14. MOTHER'S MAIDEN NAME <i>Rebecca Jacobson</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>yes</i>		16. SOCIAL SECURITY NO. <i>W. W. I</i>	17. INFORMANT ADDRESS <i>Bernard Smullian - 3966 Penhurst Avenue</i>		

18. <i>443 x quad 260 x</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Hypertensive C-V Disease</i>		<i>2 yrs</i>	
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>Diabetes Mellitus</i>		<i>2 yrs</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1949</i> , 19__, to <i>4/24</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>4/24</i> , 19 <i>53</i> , and that death occurred at <i>9:30 A</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Edward S. Tallies</i>		23B. ADDRESS <i>4300 Liberty Wt Ave</i>		23C. DATE SIGNED <i>4/24/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/26/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Tiferes Israel</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Benjamin & Bros - 1124-26 W. North Avenue</i>			

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

1914

1914

WALTER
COMER

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH
CITY OF NEW YORK
BUREAU OF VITAL STATISTICS
1914

DEPARTMENT OF HEALTH
CITY OF NEW YORK
BUREAU OF VITAL STATISTICS
1914

DEPARTMENT OF HEALTH
CITY OF NEW YORK
BUREAU OF VITAL STATISTICS
1914

1914

DEPARTMENT OF HEALTH
CITY OF NEW YORK
BUREAU OF VITAL STATISTICS
1914

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3987**

BIRTH NO. **53 3987**

1. NAME OF DECEASED (Type or Print) Henry Schwartz		2. DATE OF DEATH 4/23/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		B. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) STATE Maryland COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address of location) Sinai Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-01	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2424 Lakerue Ave.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 4/13/97
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trimmer		10B. KIND OF BUSINESS OR INDUSTRY Tailoring	
11. BIRTHPLACE (State or foreign country) Baltimore, Md		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Louis Schwartz		14. MOTHER'S MAIDEN NAME Ida Block	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 216-09-6329	
17. INFORMANT David Schwartz		ADDRESS -2424 Lakerue Ave	

18. 578x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Ruptured aortic aneurysm DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
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II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 4/22/53	19B. MAJOR FINDINGS OF OPERATION resected peritoneal sarcoma	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4/19/53**, to **4/23/53**, that I last saw the deceased alive on **4/23/53**, and that death occurred at **5:00 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE Samuel Kramer	23B. ADDRESS Sinai Hospital	23C. DATE SIGNED 4/23/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/26/53	24C. NAME OF CEMETERY OR CREMATORY Hebrew Young Mens
24D. LOCATION (City, town, or county) Baltimore Maryland	24E. FUNERAL DIRECTOR Broz - 1124-26	24F. ADDRESS W. North Avenue

VS 150

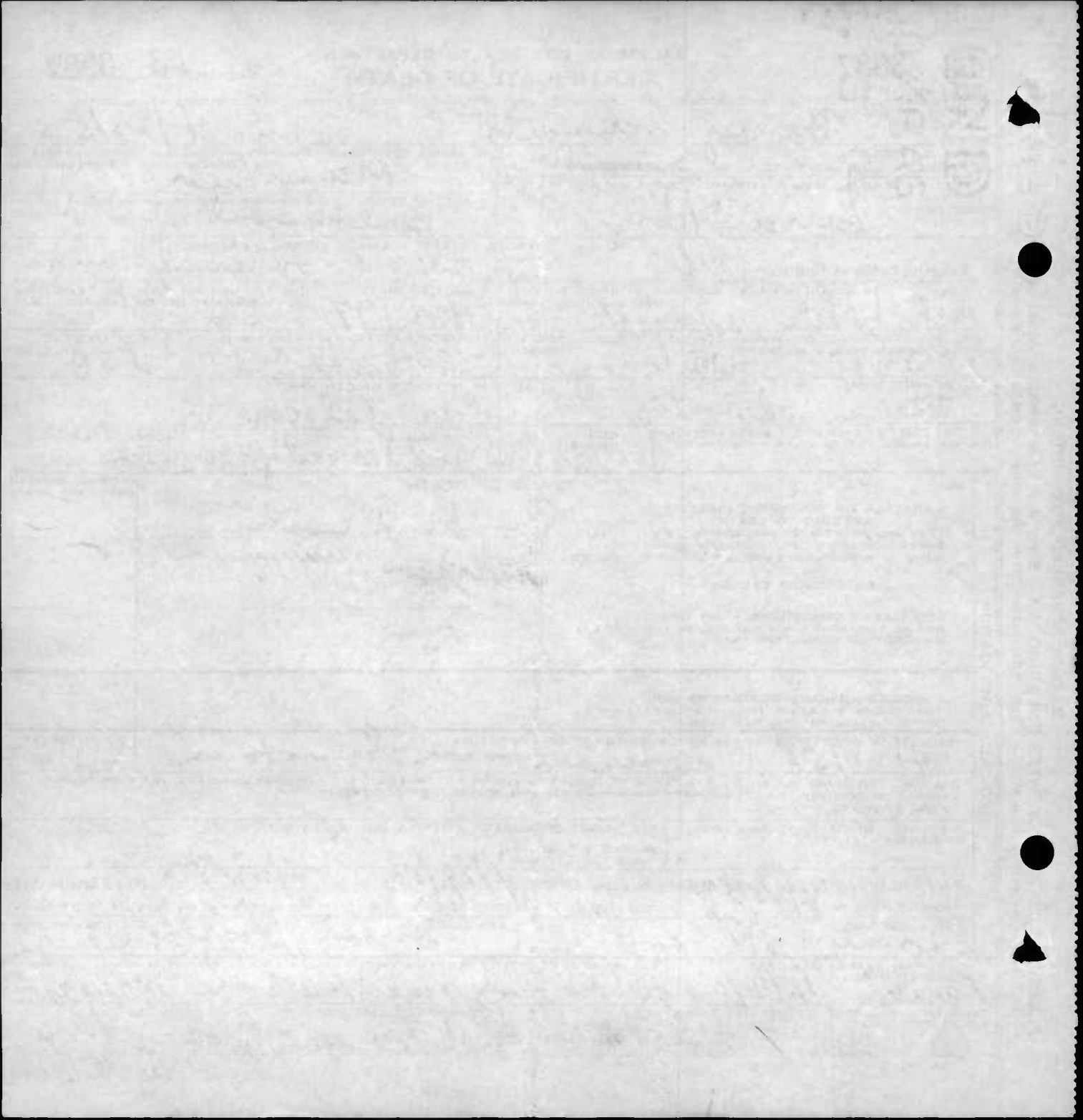
690 4G

W. North Avenue

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly and fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 3988 BIRTH NO. <i>Don Res</i>		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 3988	
1. NAME OF DECEASED (Type or Print) JAMES T. STRONG			2. DATE OF DEATH April 6, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (not in hospital or institution, give street address or location) University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 703 1/2 W. Saratoga Street			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) 1	10. Under 1 Year Months: _____ Days: _____
11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME Helen Strong		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		
18. 351X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Upper Respiratory Infection DUE TO Spastic Quadriplegia ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>B. J. Fisher</i>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED 4-6-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 4/21/53		24C. NAME OF CEMETERY OR CREMATORY Balto. City Morgue	
24D. LOCATION (City, town, or county) Balto.		24E. LOCATION (City, town, or county) Balto.		24F. LOCATION (City, town, or county) Balto.	
DATE RECEIVED BY REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR		ADDRESS 700 Fleet Street	
V S. 151					

1960

30737

22054

H-635 169316 7 read Blum not filed 4-8-53 930

53 3989

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3989
Registered No.

BIRTH NO. 53-08021

1. NAME OF DECEASED
(Type or Print)

Baby Boy Hartman (Emma)

2. DATE
OF
DEATH

April 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Baltimore City Hospitals

4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Baltimore

township)

D. STREET ADDRESS (If rural, give location)

437 N. Broadway

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Apr. 6, 1953

9. AGE (In years
last birthday)

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min

20 50

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Clarence F. Hartman

14. MOTHER'S MAIDEN NAME

Emma E. Newman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. 4940 Eastern Ave. (records)

18.

760.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Subarachnoid Hemorrhage

DUE TO

Life

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Atelectasis

DUE TO

Life

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 4-6, 1953, to 4-7, 1953, that I last saw the
deceased alive on 4-7, 1953, and that death occurred at 3:50p m., from the causes and on the date stated above.

23A. SIGNATURE

H. C. Johns, M.D.

M. D.

23B. ADDRESS

4940 Eastern Ave., Balto. Md.

23C. DATE SIGNED

4-7-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Hall, M.D.

25. FUNERAL DIRECTOR

ADDRESS

B. C. H.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE PRINT FULLY, WITH UNFADING INK. Every item of information should be fully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased: [illegible]
2. Sex: [illegible]
3. Age: [illegible]
4. Date of birth: [illegible]
5. Place of birth: [illegible]
6. Date of death: [illegible]
7. Time of death: [illegible]
8. Cause of death: [illegible]
9. Place of death: [illegible]
10. Signature of physician: [illegible]
11. Signature of registrar: [illegible]
12. Date of registration: [illegible]

PLEASE PRINT FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 3990

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3990

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MR. CHARLES PIERRE MUTH.

2. DATE
OF
DEATH

25 Apr. 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2700 St. Paul Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2700 St. Paul Street

c. Length of stay in Baltimore

78 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12/12/74

9. AGE (In years;
last birthday)

78

10. Under 1 Year 11. Under 24 Hours
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

President

10B. KIND OF BUSINESS OR
INDUSTRY

Muth Bros. & Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John P. Muth

14. MOTHER'S MAIDEN NAME

Marcelline Foudriat

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Chas. P. Muth 2700 N. Charles St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Acute Coronary Occlusion

Instant

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic C.V. Disease

Years

DUE TO

(C) Senility

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1948, to 25 Apr. 1953, that I last saw the
deceased alive on 25 Apr. 1953, and that death occurred at 6: A m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph E. Muse Jr. M. D.

23B. ADDRESS

5 West 29th St. (18)

23C. DATE SIGNED

25 Apr. 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

4/28/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

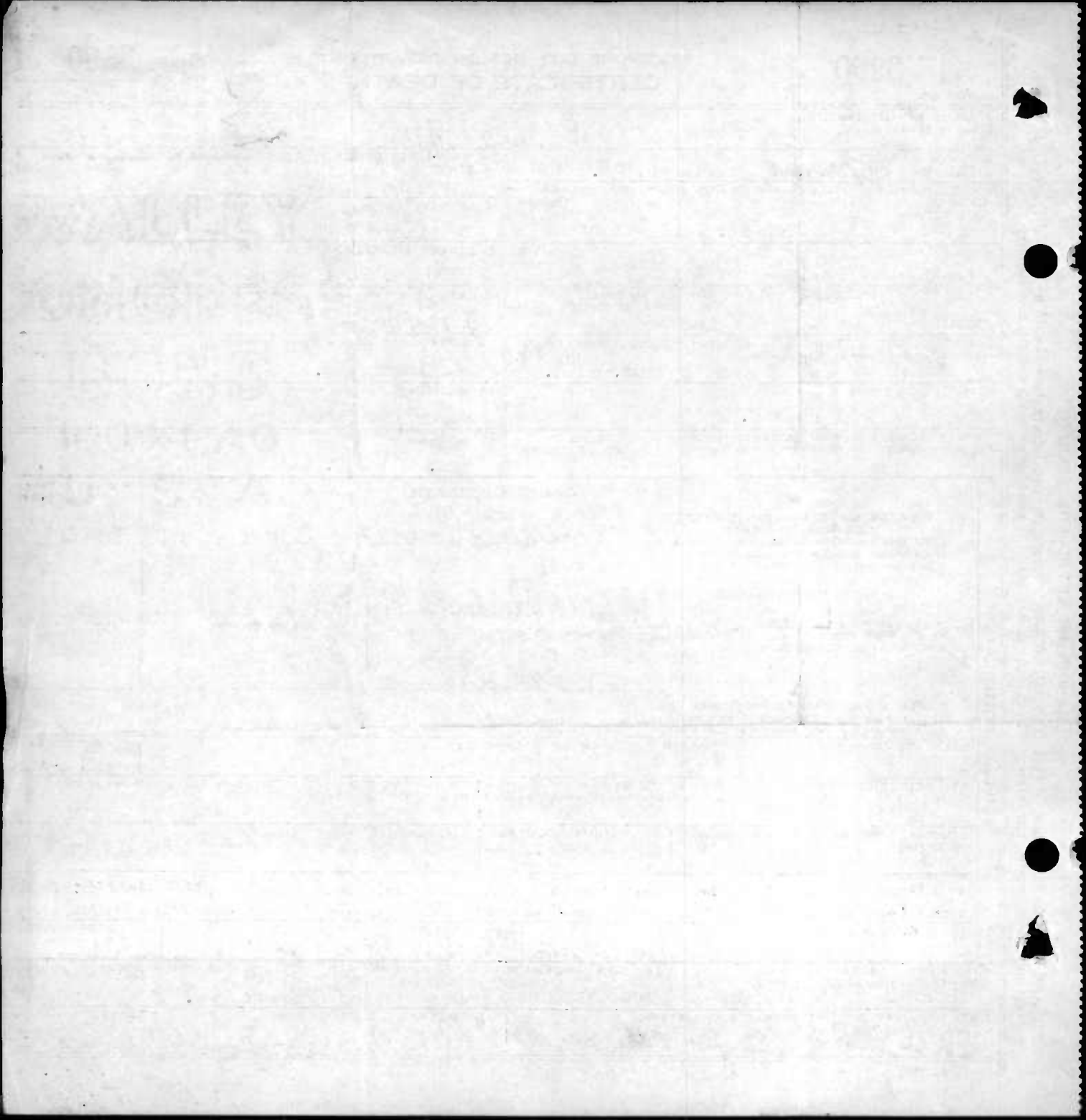
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H. W. Meeks and Sons 5 N. Calvert St.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3991

Registered No.

53 3991

BIRTH NO. 52-25593

1. NAME OF DECEASED (Type or Print) SHARON MARIE DOYLE			2. DATE OF DEATH APRIL 25, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 16-08		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 706 EDGEWOOD STREET		
5. SEX F	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH OCT 15, 1952		9. AGE (In years last birthday) Months: Days 5 10
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MARYLAND	
13. FATHER'S NAME EDWARD D. DOYLE			14. MOTHER'S MAIDEN NAME CLARA WATTS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

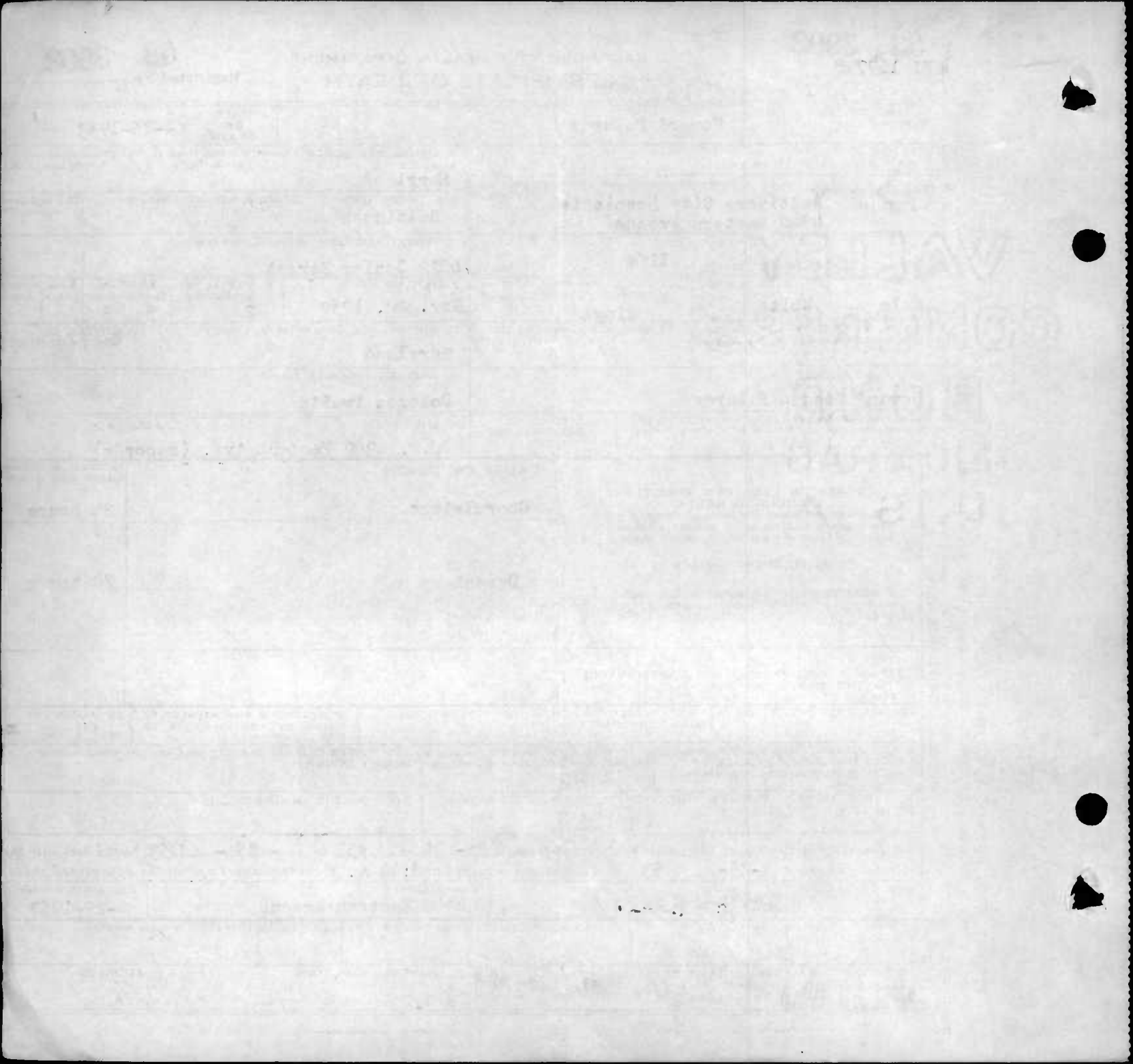
18. 754.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial insufficiency (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Congenital Heart (B) DUE TO Hypertension (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 10, 1953 , to April 24, 1953 , that I last saw the deceased alive on April 25, 1953 , and that death occurred at 3:15 m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Martina Torres</i>		23B. ADDRESS <i>Mercy Hospital</i>		23C. DATE SIGNED 4-25-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Apr 27-1953		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) Baltimore					
DATE RECEIVED BY LOCAL REGISTRAR APR 26 1953		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>Wm Cook Inc - 1117 St Paul St</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 3992 FJ 169798		BALTIMORE CITY HEALTH DEPARTMENT		53 3992 Registered No.	
BIRTH NO. 50-24987 CERTIFICATE OF DEATH					
1. NAME OF DECEASED (Type or Print) Howard Palardy			2. DATE OF DEATH 4-25-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 26-05		
c. Length of stay in Baltimore life			D. STREET ADDRESS (if rural, give location) 6822 Conley Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 20, 1950	9. AGE (In years, last birthday) 2	10. Under 1 Year Months: 5 Days: 5
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Howard Joseph Palardy			14. MOTHER'S MAIDEN NAME Delores Traits		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS B.C.H. 4940 Eastern Ave. (records)	
18. 048X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH (A) Convulsions DUE TO (B) Dysentery DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 24 hours 24 hours		
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-24-, 1953, to 4-25-, 1953, that I last saw the deceased alive on 4-25-, 1953, and that death occurred at 8:00 AM., from the causes and on the date stated above.					
23A. SIGNATURE H. J. Palardy		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 4-25-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Apr 26, 1953		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) Baltimore		24E. STATE Md		25. FUNERAL DIRECTOR ADDRESS Zorn Cook Inc - 1217 St Paul St	
DATE RECEIVED BY LOCAL REGISTRAR APR 26 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Zorn Cook Inc - 1217 St Paul St	



53 3993

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3993
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY L. WHORTON

2. DATE
OF
DEATH

APRIL 25, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

15-38

D. STREET ADDRESS (If rural, give location)

2811 ALLENDALE ROAD

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

2811 Allendale Rd

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED, (Specify)

Widowed
Social Security
Board

8. DATE OF BIRTH

7/11/1894

9. AGE (In years;
last birthday)

38

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Friend

14. MOTHER'S MAIDEN NAME

Alice Van Sickle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Arnold Whorton Allendale Rd

18.

171X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinomatosis generalized

4 mos.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cancer of the cervix

3 yrs.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

MEDICAL CERTIFICATION

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from April 20, 1953, to April 24, 1953, that I last saw the
deceased alive on April 24, 1953, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Lilbert E. Rudman M. D.

23B. ADDRESS

2517 W. Bldg. St.

23C. DATE SIGNED

4/25/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

4/26/53

24C. NAME OF CEMETERY OR CREMATORY

Oakland

24D. LOCATION (City, town, or county)

Oakland Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Hall

25. FUNERAL DIRECTOR

Wm Gots Inc. 1217 St. Paul St.

ADDRESS

APR 22 1952

MARY L. WILSON

THE FAMILY

MEMORIAL

2211 ALLENDALE ROAD

1952

(Continued on following page)

Center of the family

2

4

APR 22 1952

2211 ALLENDALE ROAD

MEMORIAL

THE FAMILY

APR 22 1952

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3994
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. Length of stay in Baltimore

5. SEX

6. COLOR OF RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/21, 1953, to 3/26, 1953, that I last saw the
deceased alive on 3/26, 1953, and that death occurred at 5:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

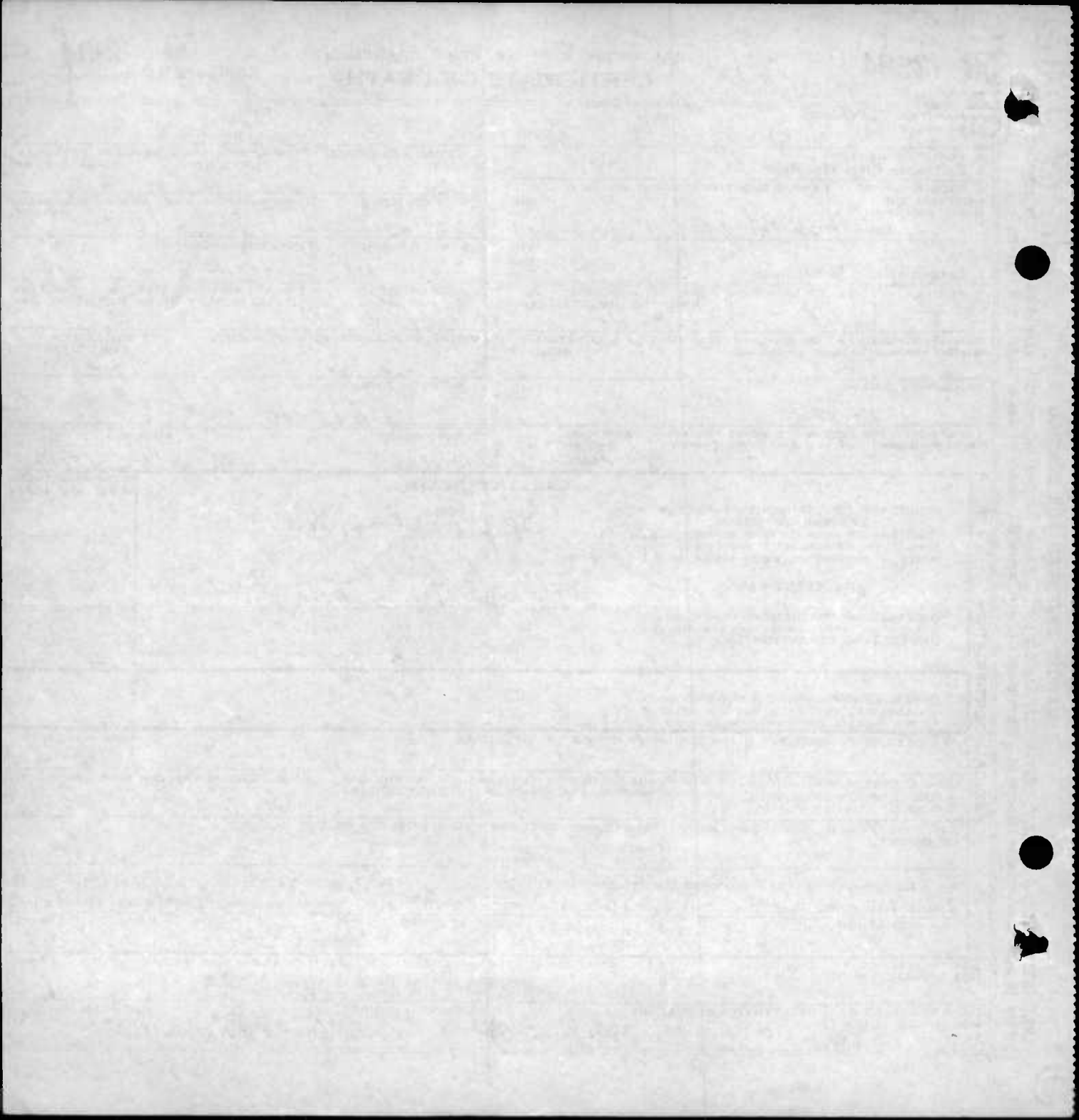
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3995

BIRTH NO. 53 3995

1. NAME OF DECEASED
(Type or Print)

Baby Boy "A" CHAPNICK

2. DATE
OF
DEATH

4/10/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

md

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

SINAI Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

27-17

D. STREET ADDRESS (If rural, give location)

5015 Sunset Rd # 15

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

4-4-53

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

6

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Meyer

14. MOTHER'S MAIDEN NAME

Rubin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

mother

ADDRESS

5015 Sunset Rd

18.

053.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Septiceyia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/4 1953 to 4/10 1953, that I last saw the
deceased alive on 4/9 1953, and that death occurred at 7:15 A. M., from the causes and on the date stated above.

23A. SIGNATURE

William S. Parker

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

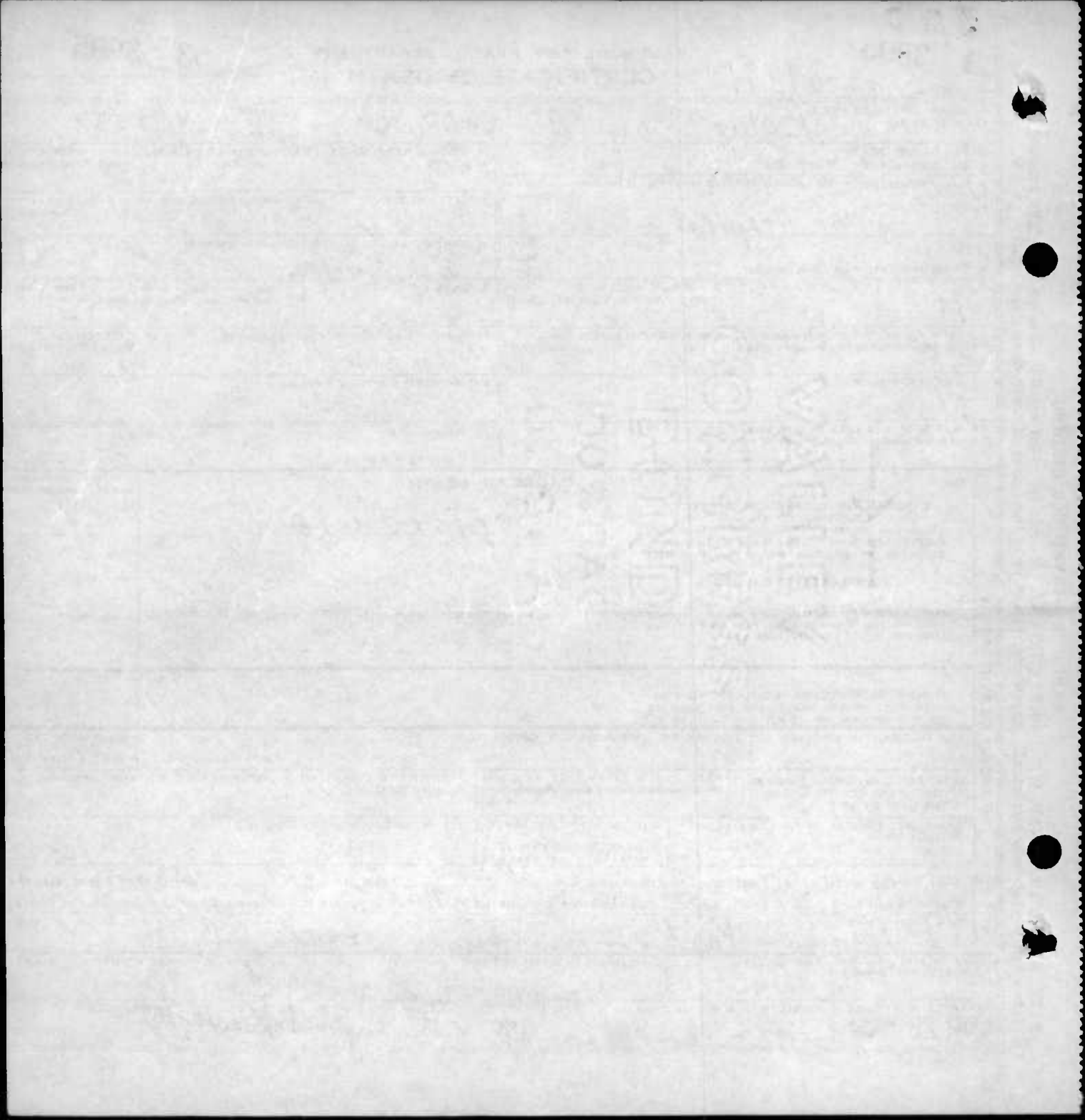
JOHN HOPKINS MEDICAL SCHOOL APR 20 1953

25. FUNERAL DIRECTOR

ADDRESS

Huntington W. Williams, MD

Huntington W. Williams, MD



53 3996

BALTIMORE CITY HEALTH DEPARTMENT

53 3996

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

53-08378

1. NAME OF DECEASED
(Type or Print)

Baby Girl COHEN

2. DATE
OF
DEATH

4-9-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

SINAI HOSPITAL OF BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 27-16

D. STREET ADDRESS (If rural, give location)

4728 Park Heights Ave

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OF RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

4/9/53

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

3

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore - Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Peter

14. MOTHER'S MAIDEN NAME

Goldstein

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Mother

ADDRESS

4728 Park Heights Ave.

18.

776x 1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Prematurity
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 4/9, 1953, to 4/9, 1953, that I last saw the
deceased alive on 4/9, 1953, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

William S. Parker

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

4

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JOHN HOPKINS MEDICAL SCHOOL

APR 20 1953

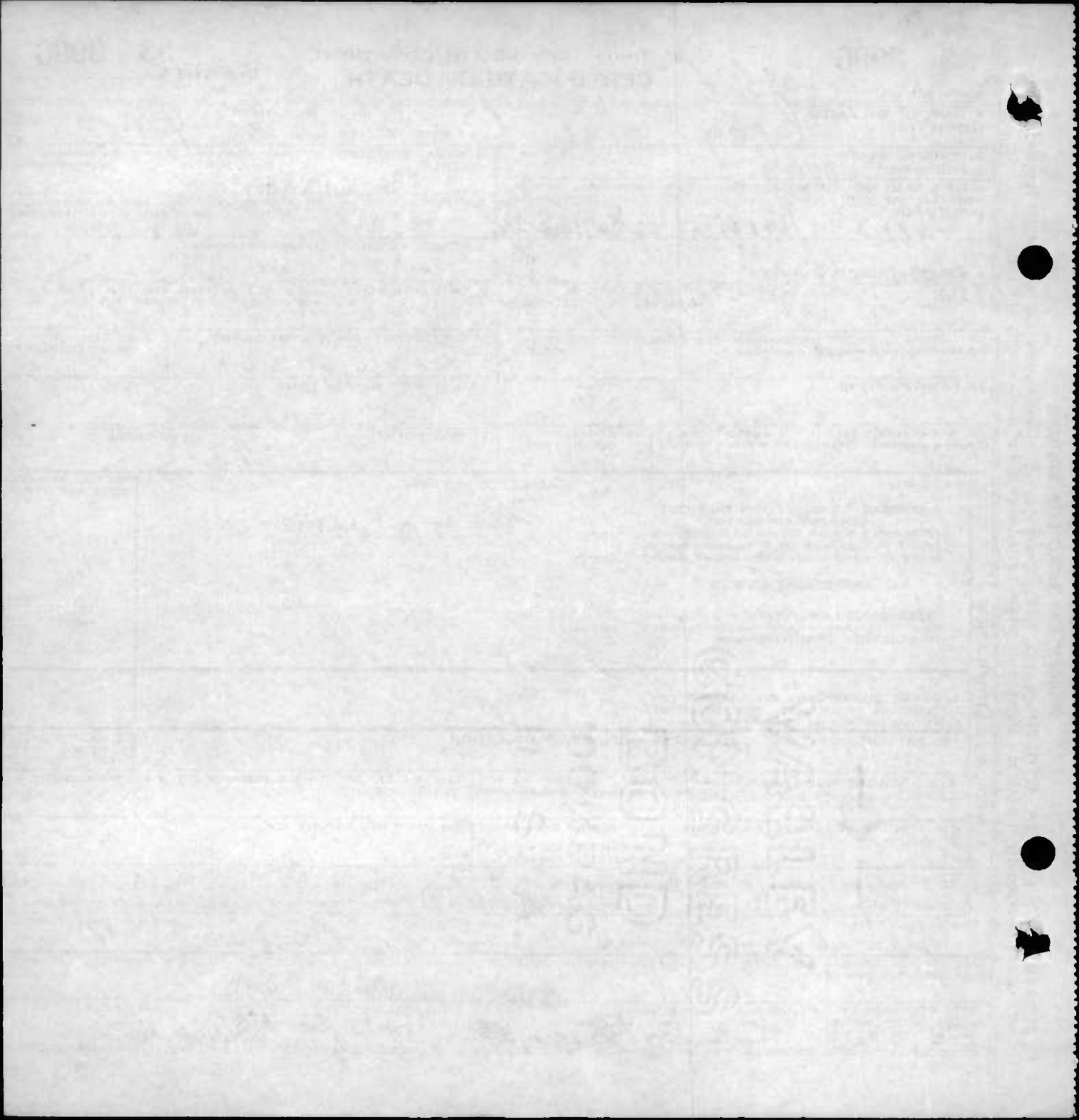
25. FUNERAL DIRECTOR

ADDRESS

APR 26 1953

Huntington Williams, MD

Huntington Williams, MD



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3997
Registered No.

BIRTH NO.

53-09940

1. NAME OF DECEASED
(Type or Print)

Cloude, Baby Girl

2. DATE
OF
DEATH

4/22/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Church Home and Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

26-03

D. STREET ADDRESS (If rural, give location)

2016 Orville Ave

c. Length of stay in Baltimore

1 Day

5. SEX

Female

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED/DIVORCED (Specify)

Infant

8. DATE OF BIRTH

4/21/53

9. AGE (In years
last birthday)

10. Under 1 Year

Months

11. Under 24 Hours

Hours

Min.

21 17

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Harold Cloude

14. MOTHER'S MAIDEN NAME

Lucy Sutton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mother

ADDRESS

(Above)

18.

762.5

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Atelectasis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Prematurity

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

At Birth

At Birth

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Placenta Previa

(In Mother
Necessitating
Cesarian Section)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/21/53, 1953, to 4/22, 1953, that I last saw the
deceased alive on 4/22, 1953, and that death occurred at 7:29 P. M., from the causes and on the date stated above.

23A. SIGNATURE

L. Reed Carroll

M. D.

23B. ADDRESS

Church Home and Hospital

23C. DATE SIGNED

4/23/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

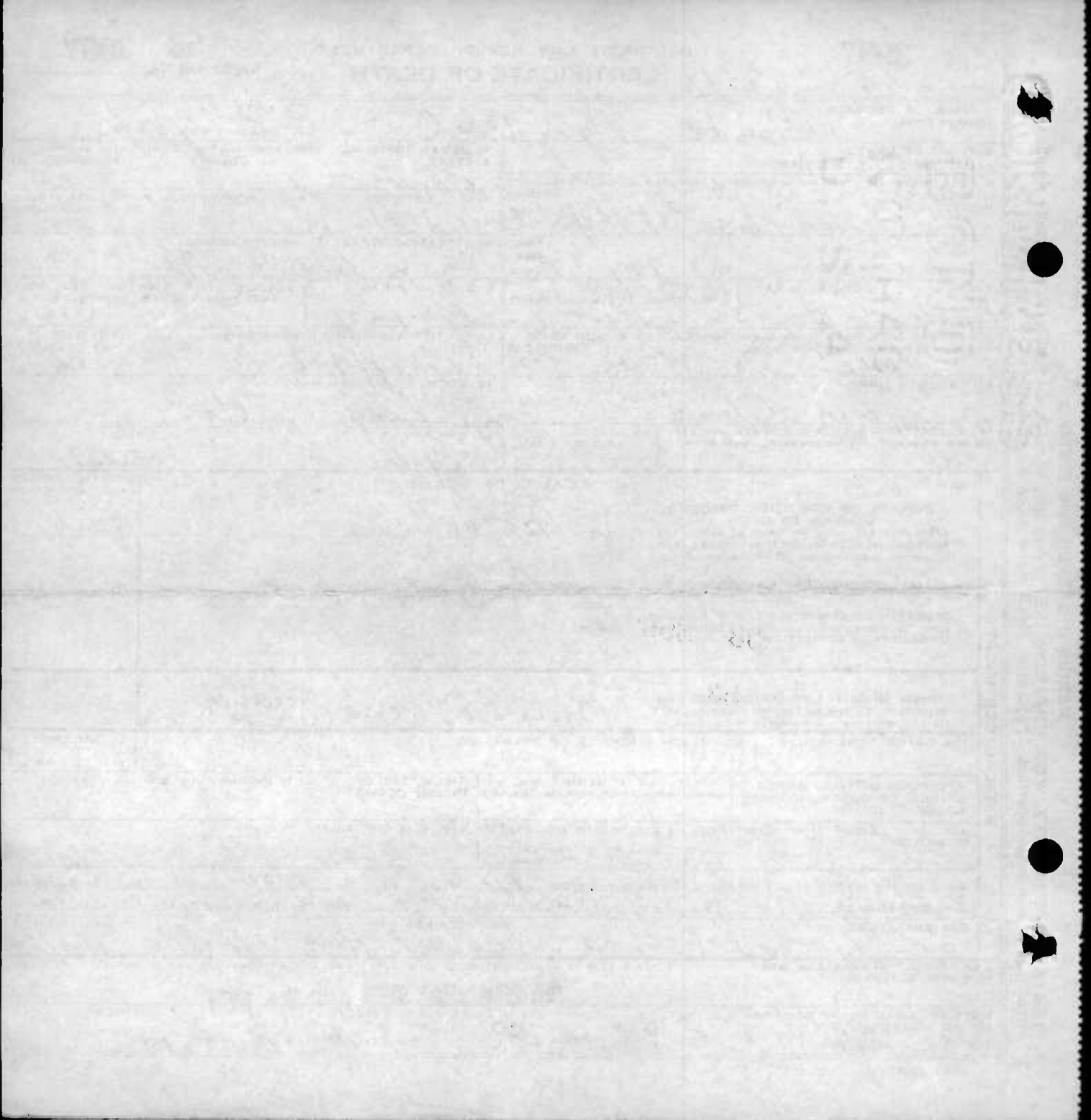
Huntington Williams, M.D.

ADDRESS

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

53 3998

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Jennie Foote

2. DATE
OF
DEATH

4/23/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

422 East 23rd. Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

422 East 23rd. Street

c. Length of stay in Baltimore

60 yrs.

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

3/6/75

9. AGE (in years
last birthday)

77

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

St. Mary's County, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Virgie Taylor, 422 E. 23rd Street

18.

420.0 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Arteriosclerosis; general

5 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerotic heart
disease

5 years

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/15/1951 to 4/23/1953, that I last saw the
deceased alive on 4/21/1953, and that death occurred at 9:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Marian J. Jones

M. D.

23B. ADDRESS

1737 E. North Ave

23C. DATE SIGNED

4/25/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/26/53

24C. NAME OF CEMETERY OR CREMATORY

Foote Hill Cemetery

24D. LOCATION (City, town, or county)

Cockeysville, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

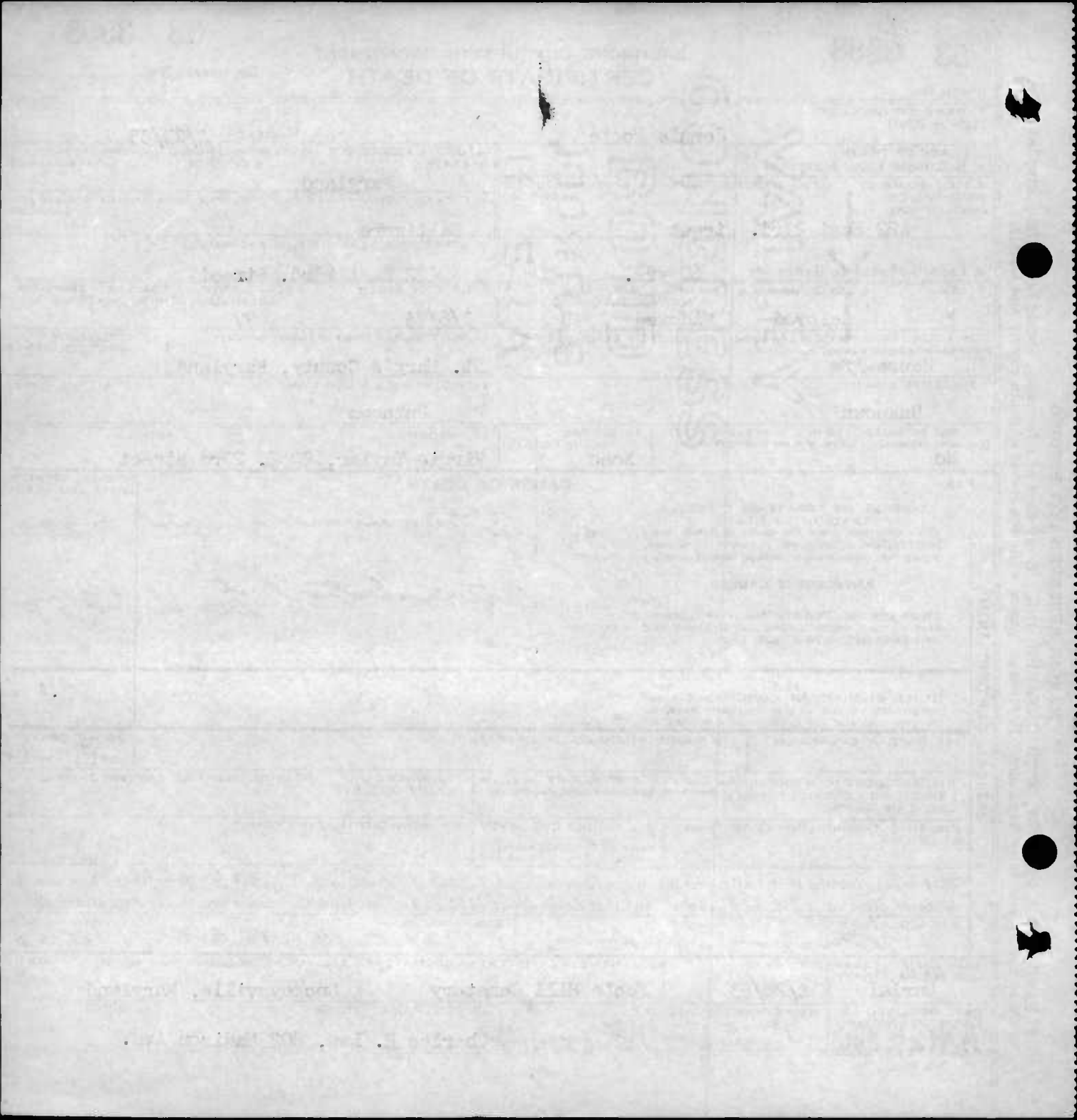
ADDRESS

Charles R. Law, 802 Madison Ave.

VS 150

MARGIN RESERVED FOR BINDING

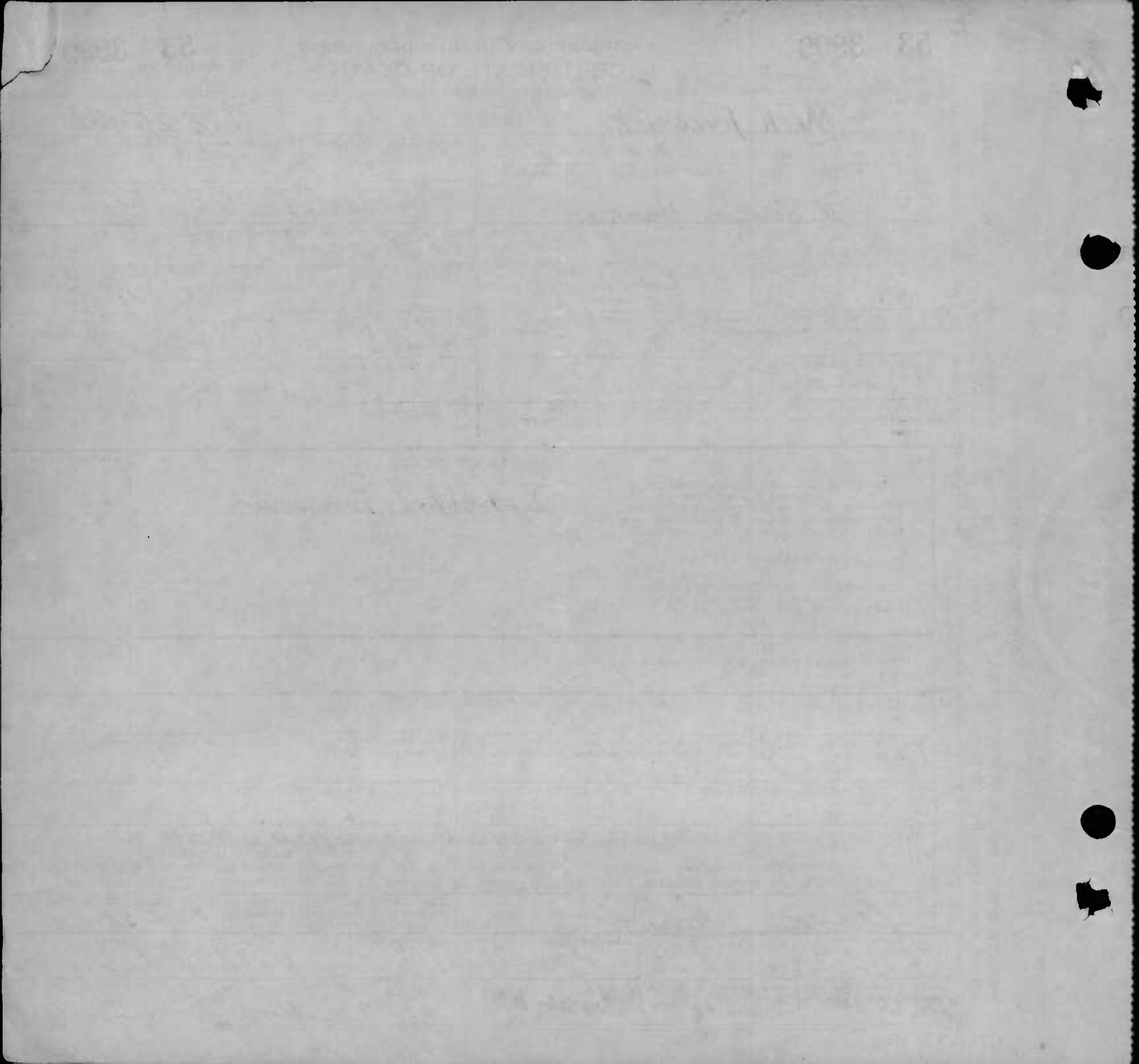
PLEASE PRINT FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F. 636 53 3999		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 3999 Registered No.	
BIRTH NO. <i>Non Res. 5304748</i>		1. NAME OF DECEASED (Type or Print) <i>Mark Frederick</i>		2. DATE OF DEATH <i>4-25-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Bulls Head</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Fullerton</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Fullerton</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Josephs Hosp.</i>		D. STREET ADDRESS (If rural, give location) <i>Fitch Lane</i>		E. Yrs. Mos. Days	
c. Length of stay in Baltimore		5. SEX <i>M</i>		6. COLOR OR RACE <i>W-</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S.</i>		8. DATE OF BIRTH <i>-</i>		9. AGE (In years, last birthday) <i>6 Wks</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Fullerton MD</i>	
13. FATHER'S NAME <i>James Frederick</i>		14. MOTHER'S MAIDEN NAME <i>Mary Scatath</i>		12. CITIZEN OF WHAT COUNTRY? <i>✓</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
18. <i>525X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Intestinal Pneumonia</i> DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		(B)			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <i>Partial Autopsy</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <i>natural causes</i> <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William V. ...</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <i>4-25-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/27/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Immortal</i>	
24D. LOCATION (City, town, or county) (State) <i>Bulls Head</i>		25. FUNERAL DIRECTOR <i>Carl Seemann</i>		ADDRESS <i>6067 Annapolis Rd</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 25 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, MD</i>			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4000
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MRS VIOLA A. HAVILAND

2. DATE
OF
DEATH

APRIL 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

MARYLAND 53-54 BALTO

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONLutheran Hospital of MARYLAND Inc
RAYNOR + DUKELAND ST, BALTI.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE (MIDDLE RIVER)

D. STREET ADDRESS (If rural, give location)

5 TINKER RD. BALTIMORE 20

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JULY 13, 1912 40

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

AT HOME.

11. BIRTHPLACE (State or foreign country)

BALTIMORE MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

ALPHONSO MASON

14. MOTHER'S MAIDEN NAME

MARY McDONALD

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

STUART J. HAVILAND

SAME

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

Mitral Stenosis AND insufficiency AND
STENOSIS, AORTIC + TRICUSPID STENOSIS

DUE TO

AND insufficiency

(B)

Rheumatic Heart Disease

DUE TO

Rheumatic Fever

(C)

MALNUTRITION, Vitamin Deficiency

INTERVAL BETWEEN
ONSET AND DEATH

15 yrs

20 yrs

20 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTO-PSY?
YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 22, 1953, to April 24, 1953, that I last saw the
deceased alive on April 24, 1953, and that death occurred at 7 AM m., from the causes and on the date stated above.

23A. SIGNATURE

William D. Pearson M.D.

23B. ADDRESS

Lutheran Hospital of Maryland

23C. DATE SIGNED

April 24, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

4-28-53

24C. NAME OF CEMETERY OR CREMATORY

SACRED HEART CEM.

24D. LOCATION (City, town, or county)

7401 GERMAN HILL RD, MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Charles S. Zeiler

ADDRESS

901 S. CONKLING ST.
BALTO., 24, MD.

CERTIFICATE OF DEATH

No. 1000

State of New York

County of New York

City of New York

Decd. John Doe

Age 65

1000

Decd. John Doe

Decd. John Doe

Decd. John Doe

Decd. John Doe

Decd. John Doe

Decd. John Doe

Decd. John Doe

Decd. John Doe

Decd. John Doe

Decd. John Doe